

# American Optometric Association NEWS



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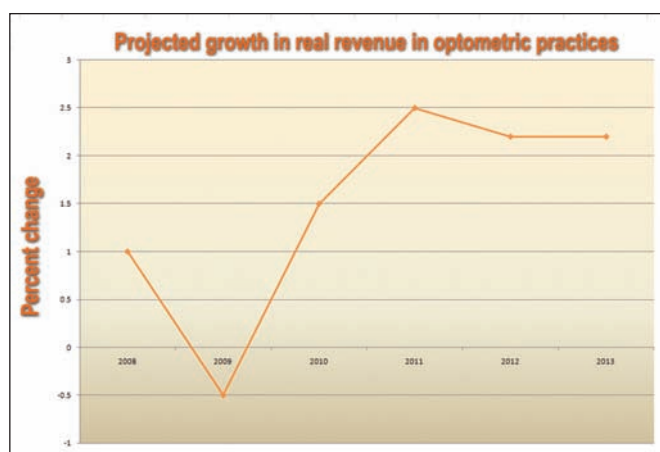
## Washington visions

**The Thomas Jefferson Memorial in Washington, D.C., overlooks the Tidal Basin of the Potomac River and the Washington Monument. The memorial was designed by John Russell Pope and built by John McShain. The memorial is composed of circular marble steps, a portico, a circular colonnade of Ionic order columns and a shallow dome. Photo by Capital Region USA.**

## Optometry can weather recession, report says

Optometric practices like many businesses will probably experience at least a short-term downturn in revenues as a result of the nation's current recession, according to a report by the Los Angeles-based industry research firm IBISWorld.

However, optometrists can "last out" the recession by keeping in touch with their patients and encouraging referrals from other health care providers, according to George Van Horn, the IBISWorld analyst who com-



piled the report.

The company believes optometric practice revenues will probably mirror the

economy as a whole, with a contraction during the first

*See Recession, page 8*

## AOA wins full inclusion for ODs in stimulus health care initiatives

As Congress worked in January and February to complete action on the economic stimulus legislation (H.R. 1, the Economic Recovery and Reinvestment Act of 2009), the AOA was mobilizing concerned doctor and student advocates from states and congressional districts across the country and dispatching the Washington office team to meet with key congressional leaders.

The result was a successful effort to secure full recognition for ODs as physicians in a new system of Medicare and Medicaid incentives designed to spur

greater use of health information technology (HIT).

Although earlier versions of the bill's HIT provisions excluded optometrists from being eligible for federal electronic health records (EHR) incentive payments, the AOA fought to fix it, even securing one much-needed change during the brief Senate-House conference committee meetings that produced the final version.

"Congress was wrong, and it was

*See Stimulus, page 10*



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**President's Column**  
Preventing history from repeating



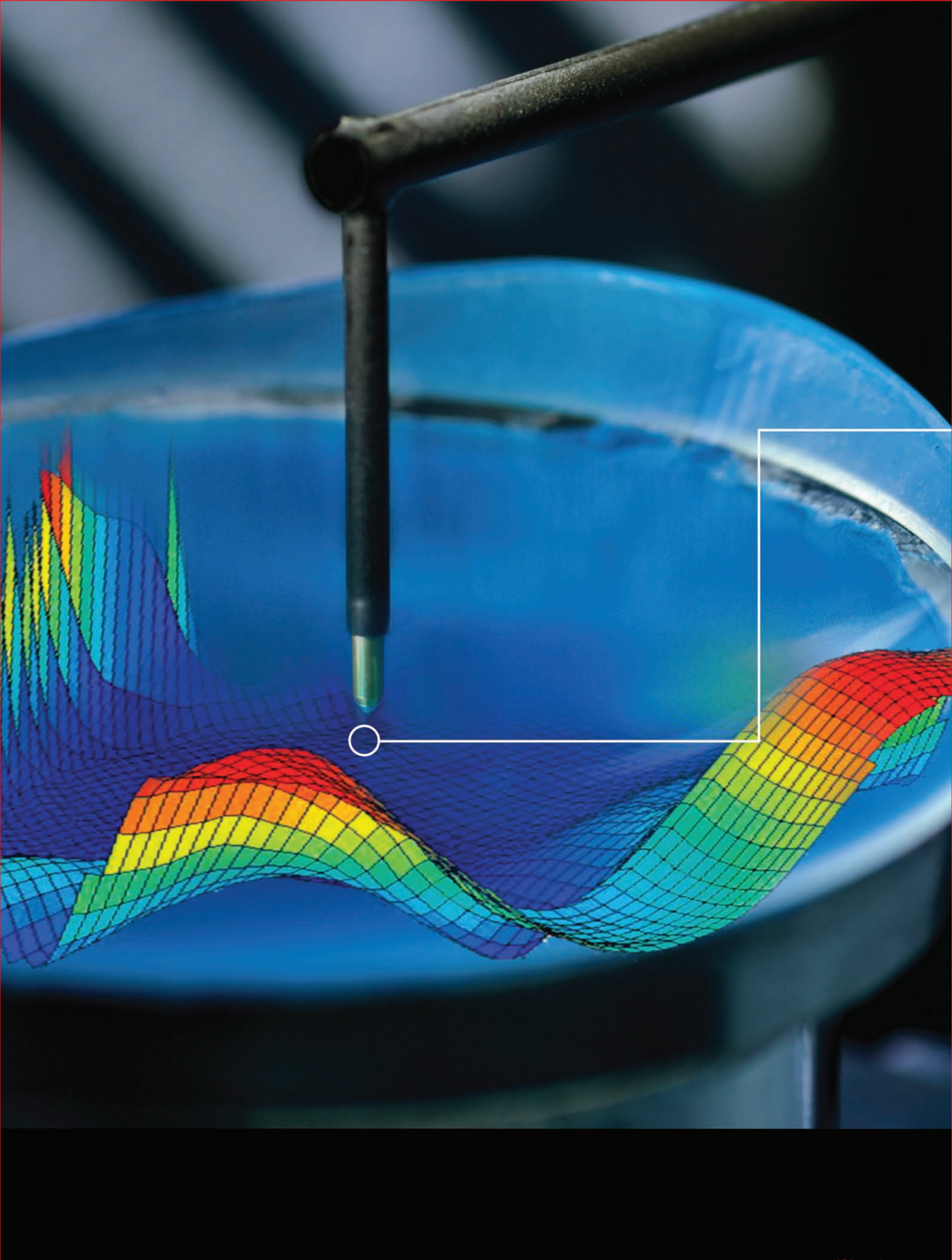
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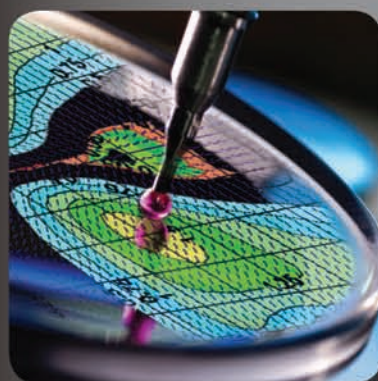
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# PRESIDENT'S COLUMN

## Preventing history from repeating

For the past 10 years of my life I've felt incredibly fortunate to have been an AOA Board member, now serving as your president.

Throughout these 10 years one of my biggest privileges has been the process of learning about each aspect of our profession as a liaison to nearly every committee within the AOA. An honor that accompanies that learning process is getting to participate in many discussions with ODs who have been leaders throughout our profession's history.

With the current discussions about optometric board certification this spring, several voices from the past have called and written to remind me of historical conversations in our past as progress brought controversy and fear.

The leaders who were part of our optometric history at the front lines of change shared with me those historical conversations and outcomes in our profession's history where a vocal minority or even our own house of delegates made decisions that slowed the progress of our profession.

Even during those historical setbacks, those who looked forward trusted their knowledgeable leaders at the national and state level, making the tough decisions to look beyond the short-term downside and refocus on the future for our patients and our profession.

An example of not seeing the future was in 1938 when the AOA House of Delegates passed a resolution: "...with emphasis on the fact that optometry has no desire to

extend its practice to include any limited or other form of medical eye care."

The stories told to me by those who were around in the early 1960s related that optometry did not initially want to participate in the Medicare system that launched in 1965.

However, in 1967, realizing their error, the AOA House of Delegates went on record as wanting to be part of the Medicare system.

Unfortunately, because we were not part of the launch of that initial program, it took us 20 years to become full partici-

law, optometry is in mainstream health care in America.

Today optometry sits at the table to help frame the NEW and changing American health care system.

Trying to ensure optometry's full inclusion in the future has once again brought vocal opposition. Let's not repeat history because a vocal few haven't looked forward or fear the change that will be our catalyst into the future of total patient care.

Our leadership who sees the future does their best to position our profession for success by sharing the information

*You should find total confidence in the team's findings because of the amount of time and effort they invested to ensure that optometry "gets it right" for our patients and our profession.*

pants in the Medicare system.

Of course the transition into medical eye care with diagnostic and therapeutic pharmaceuticals flew in the face of the 1938 resolution and there were many within our profession vehemently opposed to our transition into medical eye care right up to the day of state legislature votes.

Fortunately, for the millions of patients, and our profession; state and AOA leaders did their homework and had a vision for the future in the 1960s, 1970s and beyond. They were bold and stood against the vocal opposition — and look where we are today as a profession: 37 years after Rhode Island's first diagnostic

and added wisdom with the majority.

The AOA Board and state leaders continue to do their homework to ensure that optometry will have full participation in the new quality-oriented, value-based healthcare that is being developed in America.

What a great time to be a member of your state association and the AOA in the age of information. Yet, I challenge everyone to do the necessary homework to provide informed feedback to your state leaders by reviewing the board certification materials that are posted on the AOA Web site: [www.aoa.org/jbcpt.xml](http://www.aoa.org/jbcpt.xml).

Let's not get caught up in the negative hype that is being



Dr. Kehoe

fueled on the Internet.

The misinformation and personal opinions being expressed aren't substantiated by solid credible information.

I urge you to review the materials that have been developed by the Joint Board Certification Project Team.

Look at the facts both historical and current. You should find total confidence in the findings because of the amount of time and effort the team has invested in this project to ensure that optometry "gets it right" for our patients and our profession.

Value-based health care is the reality. The AOA Board and our state leaders realize that we may lose a few good members depending on the outcome of the vote on board certification, however, we should all be more concerned that as a profession we could be left out of the changing health care system or unable to participate at the full level with equal reimbursement as other board certified professionals.

PS: Don't forget to visit my blog: [www.PetesAOABlog.com](http://www.PetesAOABlog.com) where you'll probably find some discussion about optometry's board certification proposal.

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# Study: Community health centers lack resources to provide needed vision care services

A new analysis from the George Washington University School of Public Health and Health Services indicates that a lack of access to eye care services for residents in rural and low-income areas has become a major public health crisis in America.

The report “Assessing the Need for On-Site Eye Care Professionals in Community Health Centers” analyzed the services provided by community health centers across the country and revealed that visual health and access to comprehensive eye exams for rural and low-income populations is severely lagging.

Rural and low-income populations are at greater risk for undiagnosed and untreated eye and vision problems and are less likely to receive comprehensive eye examinations.

Therefore, federally funded community health centers in underserved communities are often the only option to improve the visual health of residents living in these areas. However 70 percent of community health

have a responsibility to help ensure that essential primary eye care services are offered at these facilities. Greater access to preventive eye care can lead to diagnosis and treatment before loss of vision becomes severe or

AOA, the National Association of Community Health Centers (NACHC), the New England Eye Institute (NEEI) and the Massachusetts League of Community Health Centers (MLCHC). The organizations

AOA. “With firmly established links between healthy vision and success in education and employment, it’s not acceptable to have less than one-third of community health facilities offering primary eye and vision care on site. This dire situation makes it even more important that AOA-backed legislation like the National Health Service Corps Improvement Act (H.R. 1884 in the 110th Congress), a bipartisan bill to expand access to primary eye and vision care in underserved areas, be given fast-track consideration on Capitol Hill.”

According to the AOA Washington office, the report reaffirms the AOA’s commitment to end exclusion of doctors of optometry in the National Health Service Corps and step up education on the importance of eye and vision care.

Although greater access to preventive eye exams can often lead to the diagnosis and treatment of conditions before vision loss becomes severe or untreatable, few third-party payers mandate such coverage.

Under current Medicaid rules, only some children who meet specific qualifications are entitled to vision examination and treatment services. The AOA’s foundation, Optometry’s Charity™, has programs in place, such as InfantSEE® and VISION USA™, which provide free eye assessments or assistance to cover the cost of eye care for infants, children and adults.

Additional findings from the report include:

- ❖ Eleven percent of health centers report having full-time eye care professionals (those with paid eye care professionals utilize optometrists to staff their centers);

- ❖ Only 4 percent of community health centers surveyed plan to expand or build

*“The AOA is committed to increasing access to eye care for all Americans. We have a responsibility to help ensure that essential primary eye care services are offered at these facilities. Greater access to preventive eye care can lead to diagnosis and treatment before loss of vision becomes severe or untreatable.”*

centers do not offer on-site vision care services.

“The American Optometric Association is committed to increasing access to eye care for all Americans,” said Barry Barresi, O.D., Ph.D., executive director of the AOA. “We

untreatable.”

Dr. Barresi and others at the AOA have been working with health care leaders and advocates to expand access to eye health care provided at community health centers since 2006 when a letter of agreement was signed by the

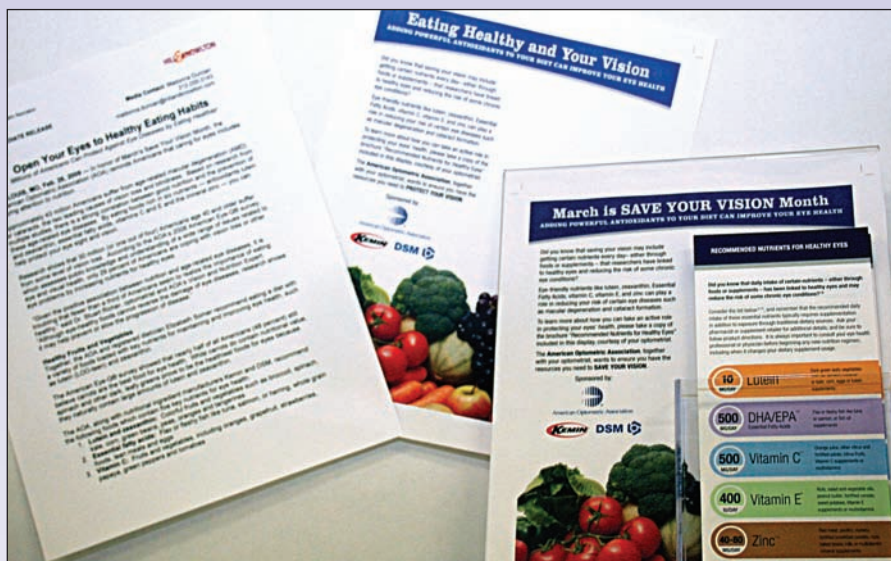
all supported this study and advocate for access to high-quality, comprehensive and affordable vision care for all medically underserved populations in community health centers.

“The National Association of Community Health Centers is happy to see this analysis as one of the results of our partnership with the American Optometric Association, the New England Eye Institute and the Massachusetts League of Community Health Centers,” said Tom Curtin, M.D., senior vice president and chief medical officer of the NACHC. “This research will allow all the partners to continue working together to develop strategies to increase evidence-based vision services for our rural and underserved populations.”

The analysis listed the major barriers to providing on-site comprehensive eye care services as the inability to afford the necessary space and equipment, difficulties with Medicaid, Medicare and private insurance reimbursement, and discrepancies in Medicaid coverage and benefits across states.

“The study confirms that there is an eye and vision care access crisis in America’s most vulnerable communities,” said Randy Brooks, O.D., president-elect of the

## Free nutrition, eye health kit offer



The AOA, working in partnership with Kemin and DSM Nutritional Products, will be promoting the importance of caring for the eyes through proper nutrition during Save Your Vision Month in March. To help educate patients on the relationship between diet and eye health, a new member kit is available for display in-office. This free member kit includes:

- ❖ Clear acrylic counter card with brochure pocket
- ❖ Two counter card inserts
- ❖ Two pads of the “Recommended Nutrients for Healthy Eyes” brochure
- ❖ Template news release

To order a kit, visit [www.aoa.org/syvm-kits.xml](http://www.aoa.org/syvm-kits.xml) and complete the requested information. Simply click submit, and your order will then be shipped to your office. Please allow five to seven business days for delivery.

See Centers, page 15

## Board certification

# Project team takes questions about proposal

*In order to shed further light on the proposed model for board certification, AOA News asked members of the Joint Board Certification Project Team (JBCPT) to answer common questions about the process. To submit a question to the team, write: questions@jbcpt.org.*

### **Q: How many members of the Joint Board**

**Certification Project Team are clinicians who still see patients, as opposed to being administrators only, and how will clinicians be represented on the board?**

A: Eight of the 12 members actively see patients at this time. Three are currently deans or presidents of optometry colleges and one is executive director of the National Board. The four members who do not currently see patients have extensive clinical backgrounds.

### **Q: Will board certification be mandatory in order to achieve or renew my license to practice optometry?**

A: Currently board certification is not tied to licensure or license renewal in any health profession. The same would apply in optometry.

### **Q: How independent will the certifying board (American Board of Optometry) be from the AOA?**

A: Although the AOA will likely have representation on the certifying board, just as the other organizations represented on the JBCPT, the AOA will not be the certifying entity. Any certifying board would be a completely independent not-for-profit organization.

### **Q: Will board certification by and for optometrists be an acceptable and viable designation within the medical community, government and by third-party entities?**

A. Any board certification

process we endorse will be designed to be verifiable, credible and able to bear the scrutiny of any outside organization. It will also be designed to help the profession provide the best possible eye care to our patients. We believe that as long as we develop the process with these issues in mind, we will be prepared for review by outside organizations.

### **Q: Aren't we already board certified since we passed the National Boards?**

A: The National Board of Examiners in Optometry tests entry-level competence, not competence associated with board certification. As a matter of National Board policy, having passed all three parts does not constitute having achieved board certification.

Similar to other boards of other health professions, the results of the National Board exams are used by all U.S. licensing boards to make initial licensing decisions immediately following graduation. Other certification programs that currently exist all have requirements that exceed the steps of graduation from their academic programs and passing their entry level national exams.

Therefore, it seems appropriate that any meaningful optometric board certification process would assess competence beyond the entry-level requirements for licensure.

### **Q: Will state associations and local optometric societies lose their ability to provide continuing education programs for their members?**

A: The JBCPT is acutely aware of the large number of quality continuing education programs provided at regional, state and local levels.

The board certification proposal includes a means to continue to allow these continuing education programs. It is not intended to interfere

with state continuing education.

The state affiliates are important providers of quality continuing education programs. It is possible the number of continuing education offerings will increase to meet the needs of the board certification-seeking ODs.

### **Q: Once ODs are board-certified, will the certification have to be renewed?**

A: Yes. The JBCPT is making recommendations regarding maintenance of certification that will require ongoing education, self-assessment, testing and other activities for practitioners who have become board certified in order to maintain their board certification.

### **Q: Most professions seem to have a 10-year re-certification. Does that seem reasonable to the group?**

A: Our research shows that the validity of health care professions' certification ranges from five to 10 years, and a 10-year recertification cycle may be appropriate.

### **Q: Do other health care professions have a board certification process?**

A: Yes, in fact optometry is the only doctoral-level health care profession with prescribing authority that does not have a board certification process (other than the relatively new doctorate of nursing). Dentistry, allopathic medicine, osteopathic medicine, podiatric medicine and veterinary medicine all have board certification routes to demonstrate continued competence.

### **Q: What health care profession would be most comparable to what the project team is envisioning for optometry's board certification?**

A: Probably the closest right now is family medicine, which is the most recent specialty to obtain board certifi-

cation. An important goal for them was to develop a credible and attainable board certification program, which closely resembles our own priorities. Additionally, family medicine has the most advanced board certification and maintenance of certifica-

tion processes of all of the 24 sub-specialties that are members of the American Board of Medical Specialties (ABMS). The family medicine model has been the leader in board certification/maintenance of certification development.



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## High-quality prints showcase importance of children's eye care

To further enhance patient care and education efforts, the AOA has introduced three new "gallery prints" highlighting the importance of comprehensive eye exams for children.

These digitally painted, museum-grade canvas gallery prints, focusing on the impact of undiagnosed vision problems in children, will educate parents on why every child should be seen by an optometrist.

The large-format 20 x 24-inch "gallery-wrapped" prints feature important visual messages that create a branded patient counseling collection.

Prints arrive with hardware, ready to hang with no framing costs and may be purchased individually, or as a collection, depending on the needs of the office.

The cost is \$89 per print. Available are:

- ❖ CE-1 – Children's Eye Exam Canvas Print – "She May Never Recover..."
- ❖ CE-2 – Children's Eye Exam Canvas Print – "His Education Cost a Lot..."
- ❖ CE-3 – Children's Eye Exam Canvas Print – "A Child Shouldn't Have to Fail..."

To order, contact the Order Department at 800-262-2210.





### Recession,

from page 1

half of 2009 and prospects for gradual recovery during the remainder of this year. Consumer spending could remain relatively weak through 2010, according to the report. However, spending will probably pick up in 2011, contributing to stronger growth from that year forward, the company projects (see table, page 1).

During tough economic conditions, optometrists are likely to see some patients deferring visits for eye and vision care, Van Horn acknowledges.

"In the midst of a recession, some people will reduce or defer their spending on optometric services, hurting industry revenue in 2009," the IBISWorld report states. "Consumer sentiment is weak, and per capita disposable income is forecast to decrease in the first two quarters of 2009, which will lower demand for (eye care) industry services."

IBISWorld analyzes evolving economic and industry conditions using a variety of data sources to compile up-to-date measures and forecasts for specific industries.

A revised forecast issued by the firm last month projects real revenues in optometric practices will decrease by 0.5 percent during 2009.

The first quarter of the year will be the roughest with revenues off an average of 2.5 percent in the typical optometric practice.

Revenues will still be down about 0.2 percent in most practices during the second quarter of the year, according to the report.

Optometric practices will then probably return to positive, if moderate, revenue growth during the third and fourth quarters of 2009, according to Van Horn.

Practices will see a 1.5 percent increase in revenues during 2010, with income

growing at an increasing rate over the course of the year, Van Horn said.

As the economy improves, optometric practices are likely to see an increase in patients, in part because many may reconsider premium services, such as laser correction, which they may have put off during the recession, Van Horn believes.

Unlike some fields, the recession is not expected to fundamentally change the eye and vision care industry, the IBISWorld analysis adds.

"The demographics of an aging population and the preponderance of people who require some type of vision correction – eyeglasses, contact lenses, LASIK, etc. – are the factors that will continue to shape the profession over the long run," Van Horn said.

Van Horn added that for many optometrists, the current recession may not seem as severe as the nation's last economic downturn in 2001-2002, simply because this downturn is apparently going to be "spread out" over a longer period of time.

The economy has actually been slowing for some time, he noted, with optometric practice revenues growing at about 1 percent annually over each of the past two years. In the years leading up to the 2001-2002 slowdown, the economy had been growing rather rapidly with optometric practice revenues up around 2 percent to 3 percent annually.

Going from a moderate 1 percent increase to a moderate 0.5 percent decrease in annual practice revenues will not be nearly as much of a "shock" as going from a 3 percent increase to a decrease, Van Horn observed.

Additional information can be found on the IBISWorld Web site ([www.ibisworld.com/recession2009](http://www.ibisworld.com/recession2009)).



**AOA Immediate Past President Kevin Alexander, O.D., Ph.D., presents the AOA Health Care Leadership Award to Rear Adm. Michael H. Mittelman, O.D., during the 2007 AOA Congressional Advocacy Conference.**

## President Obama nominates OD, now command surgeon for Joint Forces Command, for second star

Secretary of Defense Robert Gates announced earlier this month that President Barack Obama nominated Rear Adm. Michael H. Mittelman, O.D., for his second star.

Dr. Mittelman currently serves as the command surgeon, U.S. Joint Forces Command. In that role, he also serves as medical adviser, Allied Command Transformation, and director, Medical Service Corps, U.S. Navy.

Dr. Mittelman has already attained the highest Navy rank of any active duty optometrist.

He began his career in 1980 as a staff optometrist and later as head of the optometry department at Naval Hospital Cherry Point, Marine Corps Air Station Cherry Point, N.C. Following a tour in Rota, Spain, Dr. Mittelman transferred to the Naval Aerospace Medical Institute, Pensacola, Fla., where he served as head of the Optometry Department and, in 1989, was the first optometrist designated as an aerospace optometrist.

In 1993, he assumed duties of deputy director of research at the Naval Aerospace Medical Research Laboratory in Pensacola, Fla. Then, in October 1995, Dr. Mittelman reported to Naval Hospital Great Lakes, Ill., and served as the commanding officer of Fleet Hospital Three. In July 1997, he

assumed command of the Naval Ophthalmic Support and Training Activity, Yorktown, Va. There, he facilitated establishment of the Department of Defense Optical Fabrication Enterprise. In July 2000, Dr. Mittelman assumed command of U.S. Naval Hospital in Okinawa, Japan.

Following his overseas assignment, Dr. Mittelman was the executive assistant to the surgeon general of the Navy, later becoming special assistant to the surgeon general at headquarters, U.S. Marine Corps, Washington. He then served as the deputy chief of staff, Human Resources, Bureau of Medicine and Surgery. Prior to his current assignment, he was the director, Medical Resources, Plans and Policy Division (N931) Office of the Chief of Naval Operations.

Dr. Mittelman is a fellow of the American College of Healthcare Executives and a diplomate of the American Academy of Optometry. He is an active member of the AOA and associate fellow of the Aerospace Medical Association. He is past president of the Armed Forces Optometric Society and a member of the National Academies of Practice. His awards and decorations include awards of the Legion of Merit, Meritorious Service Medal, Navy Commendation Medal, Navy Achievement Medal, and numerous other unit and personal awards.



# Patient eye care costs nearly flat in 2008

Cash-strapped Americans, watching their budgets during the current economic slow-down, can take heart – at least when it comes to their eyes.

The Eyeglasses and Eye Care Services Index, compiled by the U.S. Department of Labor's Bureau of Labor Statistics (BLS), increased a mere 0.3 percent during 2008.

That was slightly more than last year's overall inflation rate of 0.1 percent but well below the 2.6 percent increase posted for health care costs overall in 2008, according to BLS Consumer Price Index (CPI) data.

It was also well under the cost increases borne by Americans last year for most of life's other basic necessities. While the nation's overall inflation rate was held down by substantial decreases in housing and motor fuel prices during the year, costs increased notably for food and beverages (5.8 percent), fuel and utilities (6 percent), and the routine repairs and services necessary to maintain a residence (6 percent), according to the BLS data.

As a result, eyewear and eye care are becoming a greater value than ever for Americans, according to Richard C. Edlow, O.D., chair of the AOA Information & Data Committee.

As in most other segments of the economy — including health care — costs increased more slowly in 2008 than in 2007, according to the BLS data.

Prices for eyewear and professional fees for eye care increased 1.5 percent in 2007. The overall inflation rate was 4.1 percent in 2007.

Eye care-related costs have consistently risen more slowly than either the nation's overall inflation rate or costs for other forms of health care, according to the BLS data.

However, only once in the last 20 years have patient costs for eyewear and eye care increased less than last year. That was in 2002, when eye care-related costs actually decreased 0.3 percent (see

chart).

The Eyeglasses and Eye Care Services Index has traditionally risen more slowly than BLS' other health care profession indices (such as those for medical or dental care) in part because the eye care index reflects both fees for professional services and the prices of related health care commodities.

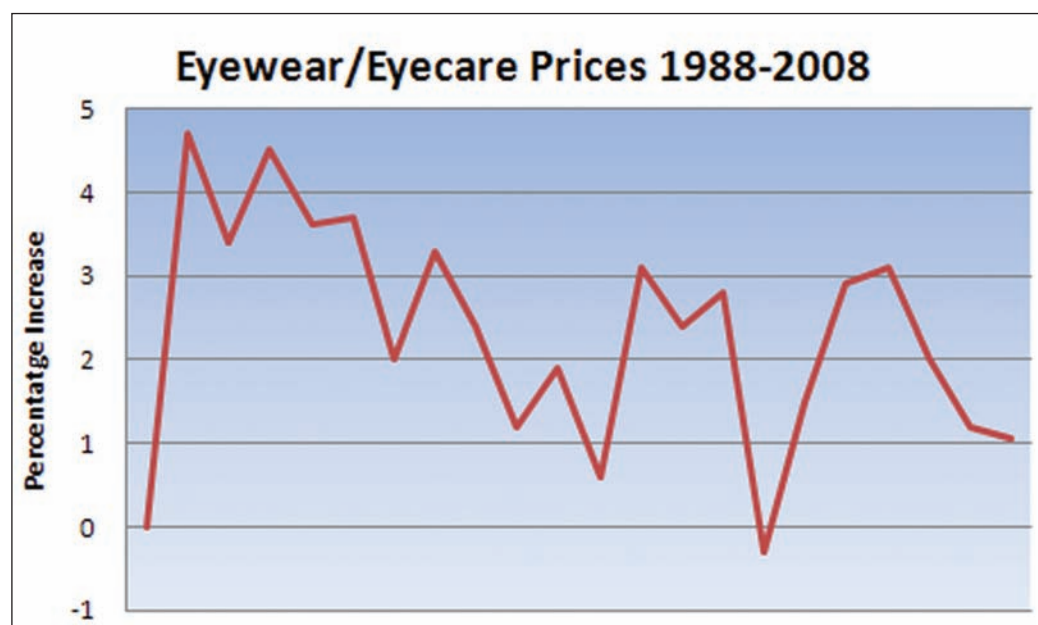
Professional fees tend to rise faster than prices for health care-related commodities, according to the BLS.

Moreover, eyewear, unlike many other health care commodities, is often placed "on sale" by retailers. As a result, sale pricing is often reflected in the BLS Eyeglasses and Eye Care Services Index.

The 2.6 percent increase in the overall cost of health care in 2008 (down from 5.2 percent in 2007) was due in large part to a 3 percent increase in medical care services, (down from the 5.9 percent increase recorded in 2007). Medical care commodities rose only 1.6 percent over the course of 2008 (down from a 2.7 percent increase in 2006).

Cost increases for medical care services in 2008 reflected a 3 percent increase in professional services (down from a 4.2 percent increase in 2007), a 5.4 percent increase in hospital and related services (down from the 8.1 percent increase recorded in 2007), and a 3.5 percent decrease in the cost of health insurance (which rose 8.8 percent in 2007).

The 3 percent increase in fees for professional services during 2008 reflected a 2.9 percent increase in fees for physicians' services (down from the 4.1 percent increase recorded in 2007). It also reflected a 3.7 percent increase in fees for dental services (down from a 5.8 percent increase in 2007), and a 3.8 percent increase in fees charged by other medical professionals (which rose 3.1 percent in 2007), as well as the 0.3 percent increase in eyewear and eye care.



Costs for hospital and related services rose due to a 5.9 percent increase in fees for hospital services (down from the 8.3 percent recorded in 2007) and a 3.2 percent increase in costs for nursing home services and adult day care (down from the 4.8 percent increase recorded in 2007).

Medical care commodities rose 1.6 percent over the course of 2008 (down from the 2.7 percent increase recorded in 2007) as the result of a 1.5 percent increase in prices for prescription drugs (down from a 3.3 percent increase in 2007) and a 2.1 percent increase in prices for nonprescription drugs and medical supplies (up from the 1.1 percent increase noted in 2007). The increase in costs for nonprescription drugs and medical supplies was in part the result of a 2.8 percent increase in prices for internal and respiratory over-the-counter drugs.

The BLS Eyeglasses and Eye Care Services Index is based on more than 600 quotes for goods and services provided by opticians, optometrists, and ophthalmologists. They include eye exams, dispensing of eyeglasses and contact lenses, office visits, and surgical procedures in the office or hospital.

Statistics cited are percentage increases in the indices (U.S. city averages, all urban consumers) from December 2007 to December 2008, not seasonally adjusted.

Price index data for eyewear and eye care, various segments of health care, and the economy overall — including breakouts by city, region and market size — can be found at the Bureau of Labor Statistics Data Web site (<http://data.bls.gov/PDQ/outside.jsp?survey=cu>).

Longer-term trends in the Eyeglasses and Eye Care

Services Index, and comparisons with other health care and consumer indices, are discussed in the AOA's CD-ROM, *Caring for the Eyes of America: 2008*, which can be ordered by contacting AOA Information & Data Committee staff person Stacey Liles at (800) 365-2219, ext. 4111 or [SMliles@aoa.org](mailto:SMliles@aoa.org).

## Eye care index, month by month

The 2008 Eyeglasses and Eye Care Services Index, compiled by the U.S. Department of Labor's Bureau of Labor Statistics (BLS), reflects a continuing "deceleration" in the index over the past four years, according to Francisco Velez, the analyst who compiles the index for the bureau. Last year's 0.3 percent increase in the index followed a 1.5 percent increase in 2007, a 2 percent increase in 2006, and a 3.1 increase in 2005.

"The poor economic climate contributed substantially to rapidly decelerating prices in the latter part of 2008," Velez noted.

The index accelerated an average of 0.3 percent through the first half of 2008 as optical dispensaries ended a number of major eyewear sales events. "In February, for example, the index for eyeglasses and eye care services increased a healthy 1.1 percent due to optician- and optometrist-dispensed eyeglass sales terminations in the Northeast and South, where '50 percent off' and '\$100 off' sales ended," Velez said. Such sales terminations were frequent during the first half of 2008, as eyewear went on sale in a number of dispensaries at the end of 2007."

However, the latter half of the year again saw eyewear going on sale in a number of dispensaries. Particularly notable were back-to-school sales in August and September when the index dropped 1.2 percent and 1.8 percent, respectively — the latter being the largest monthly drop since this index was first published in 1987. "Sales became steeper and far more frequent owing to especially poor conditions in the retail market economy at the end of the year," Velez said.





## EYE ON WASHINGTON

# Medicare carrier contact rule now takes effect April 6

**T**he U.S. Centers for Medicare & Medicaid Services (CMS) is postponing by one month the implementation of a new rule that will require health care practitioners to provide additional authentication information when they contact Medicare carriers or other Medicare payment contractors.

Under the new policy, health care practitioners who contact carriers to check on claim status or other matters will be required to provide:

- ❖ A National Provider Identifier (NPI);

- ❖ A Provider Transaction Access Number (PTAN); and
- ❖ The last five digits of the practice's (or the practitioner's) U.S. Internal Revenue Service (IRS) Tax Identification Number (TIN).

All physicians enrolled in Medicare on or after May 23, 2008, are assigned PTANs as part of the Medicare enrollment process.

Physicians enrolled in Medicare before May 23, 2008 will initially use their legacy provider numbers as their PTANs.

If a type 2 (entity) NPI is

being used in initiating contact with the carrier, an employer identification number (EIN) may be used as the TIN; in the case of a type 1 (individual) NPI, a Social Security Number (SSN) may be used.

The new identification requirements will be applicable both to those practitioners who personally contact carrier customer service representatives to obtain information and those who use the Medicare interactive voice response (IVR) system.

The new requirements will take effect April 6, 2009. The CMS had originally planned to implement the new carrier contact rule March 1.

The AOA is concerned that carrier call centers may disconnect doctors whose NPIs do not match (or cross-walk to) legacy identification numbers. Medicare customer service representatives might be able to authenticate doctors using at least two other data elements available in the provider's record, such as provider name, TIN, remittance address, and provider master address, the AOA Advocacy Group notes.

The AOA suggests practitioners be prepared to have the necessary information readily available when contacting Medicare payment contractors and make sure their staffs are aware of the new requirements for provider authentication.

For more information, see the Medicare Learning Network Medlearn Matters article, *Implementation of New Provider Authentication Requirements for Medicare Contractor Provider Telephone and Written Inquiries* (MM6139). The article can be accessed on the CMS Web site at [www.cms.hhs.gov/MLNMattersArticles/downloads/MM6139.pdf](http://www.cms.hhs.gov/MLNMattersArticles/downloads/MM6139.pdf).

## Medicare sets new remittance advice policy for provider contact center

The U.S. Centers for Medicare & Medicaid Services (CMS) revised its policies and requirements regarding requests to the Medicare Provider Contact Center (PCC) for information that is available on a provider's remittance advice (RA).

Under the new rules, effective March 1, 2009:

- ❖ Physicians who contact the PCC with questions that can be found on an RA will be educated by the PCC on how to read the RA. This is meant to encourage the use of self-service when reviewing the RA, according to the CMS.
- ❖ Physicians are required to have the RA present when contacting the PCC with questions. Physicians who do not have the RA present at the time of the call will be instructed by the PCC to call back once the provider has the RA present for the call.
- ❖ Billing staff or representatives who make inquiries to the PCC on a physician's behalf will need a copy of the RA. This includes clearinghouses, billing companies and any other outsourced billing staff. Callers who do not have the RA present at the time of the call will be instructed by the PCC to call back once the caller has the RA present.

The revisions are outlined in the CMS' Medicare Contractor Beneficiary and Provider Communications Manual [Medicare Internet-Only Manuals (IOM) Publication 100-09, Chapter 6, Section 80.3.4].

Physicians can review the new requirements in more detail on the CMS Web site at [www.cms.hhs.gov/manuals/downloads/com109c06.pdf](http://www.cms.hhs.gov/manuals/downloads/com109c06.pdf). The online manual also provides education and training resources that can assist physicians in reviewing their RAs.

Physicians can also review an RA tutorial on the CMS Web site at [www.cms.hhs.gov/MLNProducts/downloads/RA\\_Guide\\_Full\\_03-22-06.pdf](http://www.cms.hhs.gov/MLNProducts/downloads/RA_Guide_Full_03-22-06.pdf).

## OD named to NEI panel

Associate Dean for Academic Affairs and Student Administration at Indiana University School of Optometry Joe Bonanno, O.D., Ph.D., has been appointed to a coveted seat on the National Eye Institute's (NEI) National Advisory Eye Council.

The council advises the National Institutes of Health and others on matters relating to the conduct and support of research, training, health information dissemination, and other

programs with respect to blinding eye diseases, visual disorders, and mechanisms of visual function, preservation of sight, and the special health problems and requirements of individuals with visual impairments.



**Newly appointed NEI Advisory Eye Council member, Joe Bonanno, O.D., Ph.D.**

## Stimulus, from page 1

essential for the AOA to work with pro-optometry leaders on Capitol Hill – Democrats and Republicans – to fix these specific sections of the legislation," said Jon Hymes, AOA Washington office director. "AOA Federal Keypersons, state affiliated association leaders and staff and concerned doctors and students responded swiftly and effectively when called on, and made the difference once again."

The AOA has been tracking and analyzing some key provisions of H.R. 1, including:

- ❖ Inclusion of ODs as eligible providers for a \$19 billion program of financial incentives through Medicare and Medicaid to spur adoption of HIT, including EHRs, by doctors and hospitals. Under the new program, due to begin in 2011, physicians – including ODs – would be eligible for incentive payments through Medicare totaling more than \$40,000 for meeting EHR standards to be developed by the U.S. Department of Health & Human Services. At the same time, the bill contains a plan to establish penalties for not adopting the standards that would be due to start in 2016.
- ❖ New funding totaling \$86.6 billion over 27 months to bolster Medicaid as states handle budget shortfalls and the newly unemployed come under Medicaid coverage. Similarly, there will be \$24.7 billion spent to pay 65 percent of the premium costs for nine months for laid-off workers who want to continue their job-based coverage under COBRA.
- ❖ \$1.1 billion for a "comparative effectiveness" study by the federal government that would seek to assess health care outcomes arising from different treatments for the same condition.
- ❖ New funding aimed at addressing health profession workforce shortages through scholarship and loan repayment programs, including Title VII Scholarship for Disadvantaged Students and Title VII Faculty Loan Repayment.
- ❖ Upward of \$175 million for the National Eye Institute (NEI) for use over the next two years. The majority of the funding will go to support extramural research opportunities to accelerate the pace and expand the scope of vision research.



# New industry guidelines target practitioner relations

The nation's two largest health product trade associations are issuing new, more stringent codes of ethics in an effort to prevent undue industry influence on health care practitioners.

The newly revised Pharmaceutical Research and Manufacturers of America (PhRMA) Code on Interactions with Healthcare Professionals, applicable to pharmaceutical research and biotechnology companies, and the Advanced Medical Technology Association (AdvaMed) Code of Ethics on Interactions with Health Care Professionals, developed for makers of health care devices, place new limitations on industry-provided meals and gifts for health care practices as well as on industry support for health care continuing education programs.

The revised guidelines come amid growing concern that some manufacturers may have attempted to improperly induce health care practitioners to use or prescribe products.

"Research evidence suggests that financial inducements and incentives do indeed influence practitioner



**David Sattler, of Alcon, describes his company's policies regarding sampling, sponsorships and other relationships with professionals at the President's Council in January. Also on the podium, from left, are Robert Layman, O.D., moderator; Howard Purcell, O.D., representing Essilor of America; Rick Weisbarth, O.D., representing CIBA Vision; and Pat Cummings, O.D., representing Vistakon.**

decision making and prescribing habits, despite claims to the contrary from some individuals," said Morris S. Berman, O.D., chair of the AOA Ethics and Values Committee.

Such charges have been far less frequent in eye and vision care than in some other fields of health care, Dr. Berman notes.

However, ophthalmic industry representatives,

distribution of educational items to health care professionals, sponsorships of education events, and appropriate venues for those events.

Both the PhRMA and AdvaMed codes are voluntary. However, both organizations are urging member – and non-member – manufacturers to formally adopt policies of compliance with their codes. Companies that do will be listed on the organiza-

tives from providing or paying for any entertainment or recreational activities — such as theater, sporting events and golf — for practitioners or staff, even if business or education is conducted as part of the event.

The codes also provide specific guidance on the provision of restaurant meals to health care professionals or staff; prohibiting them in some instances, but allowing

stipulate that pharmaceutical companies should not provide any advice or guidance to providers, even if asked, regarding the content or speakers for education programs.

The revised PhRMA Code on Interactions with Healthcare Professionals, along with common questions and answers on the code, appears in the Practice Strategies section of the March edition of *Optometry: Journal of the American Optometric Association*.

It can also be accessed on the PhRMA Web site Principles and Guidelines page ([www.phrma.org/principles\\_and\\_guidelines](http://www.phrma.org/principles_and_guidelines)).

The complete AdvaMed Code of Ethics on Interactions with Health Care Professionals, along with common questions and answers, appears in the Practice Strategies section of the May edition of *Optometry*.

It can also be accessed on the AdvaMed Web site Code of Ethics page ([www.advamed.org/MemberPortal/About/code](http://www.advamed.org/MemberPortal/About/code)).

*Ophthalmic industry representatives, optometrists and practice office staff should be aware of the new guidelines and be prepared to live by them.*

optometrists and practice office staff should be aware of the new guidelines and be prepared to live by them, he emphasized.

The PhRMA ethics code is applicable to manufacturers of prescription ophthalmic pharmaceuticals just as it applies to makers of drugs used or prescribed in other health care fields, the AOA Ethics and Values Committee notes. The AdvaMed code is designed to cover spectacle lenses, contact lenses and other eye care and vision correction products.

The newly updated PhRMA code took effect in January 2009. The revised AdvaMed code takes effect July 1, 2009.

The PhRMA and AdvaMed codes address a range of issues including the

tions' respective Web sites. Both codes require manufacturers who adopted the guidelines to provide adequate training for their representatives on compliance with applicable laws, regulations and industry codes of practice.

"You may find that medical technology companies and their representatives no longer engage in activities that you may have believed were customary," AdvaMed notes in a letter announcing its new code of ethics.

Both of the codes explicitly prohibit manufacturers and their representatives from providing practitioners or staff with branded "reminder" items such as notepads, mugs, pens with company "logos."

They also prohibit manufacturers and their representa-

for occasional, modest meals in health care practices in conjunction with informational presentations – but only for those staff who have a legitimate professional interest in the information. Meals for spouses, guests, and those not attending the meeting are not permitted.

Both codes provide guidance on continuing education sponsorship; stipulating that manufacturers should support only balanced, objective education programs that provide information on a full range of treatment options and do not promote a particular treatment.

In line with the Accreditation Council for Continuing Medical Education's Standards for Commercial Support, the revised PhRMA guidelines



**Jeffrey K. Francer, assistant general counsel for the Pharmaceutical Research and Manufacturers of America, describes the association's code of conduct at the President's Council in January.**



**Christopher L. White, executive vice president, general counsel and assistant secretary of AdvaMed, outlines how device makers are changing their policies regarding the interaction with health care professionals at the President's Council.**



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References: 1. CIBA VISION<sup>®</sup> data on file, 2008. On average vs. OPTI-FREE<sup>®</sup> RepleniSH<sup>®</sup>. 2. CIBA VISION data on file, 2006. According to subjective ratings given by silicone hydrogel lens wearers in a clinical study comparing Clear Care to OPTI-FREE<sup>®</sup> RepleniSH<sup>®</sup>, OPTI-FREE<sup>®</sup> EXPRESS<sup>®</sup> COMPLETE<sup>®</sup> MoisturePLUS<sup>™</sup> and ReNu MultiPlus<sup>®</sup> as a group. 3. Dillehay SM, McCarter HE, et al. A comparison of multi-purpose care systems. *Contact Lens Spectrum*. 2002; April: 30-36. 4. Carnt N, Willcox MDP, Evans V, Naduvilath TJ, Tilia D, et al. Corneal staining: the IER matrix study. *Contact Lens Spectrum*. 2007; 22(9):38-43. 5. CIBA VISION data on file, 2006.

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## SPOTLIGHT ON AOA MEMBERS

# ICO students open hearts, wallets on mission trips for those in need

Even in this uncertain economy, Illinois College of Optometry (ICO) students are opening their hearts and wallets to volunteer for domestic and global humanitarian missions through Student Volunteers in Optometric Service to Humanity (SVOSH).

These missions to underdeveloped communities around the world provide life-changing care for thousands of people in need and allow students to participate in restoring or improving vision while also exposing them to different cultures and diverse eye conditions.

The cost of participation limits the number of students who can get involved, but The Jenzabar Foundation announced that it will award a grant to aid ICO's student chapter of SVOSH in an effort to subsidize the cost and support the humanitarian work of ICO students.

"When you think about

it, here are students who are thousands and thousands of dollars in debt making a decision to volunteer and put together whatever resources they can to join a medical mission trip," said ICO-SVOSH President Michelle Crist. "We feel very fortunate to receive this grant from The Jenzabar Foundation as it will allow more students to participate in an experience that not only broadens our clinical knowledge, but will also carry over to when we are practicing optometrists."

In February, 25 ICO students departed for Honduras, the last of nine mission trips for the 2008-2009 academic year.

With limited resources and equipment, this group of students joined practicing optometrists and other health care professionals to perform eye/health examinations on an estimated 3,400 patients, including 1,000 children, over four days of clinic.



**Twenty-five students from the Illinois College of Optometry (ICO) participated in a Student Volunteers in Optometric Service to Humanity (SVOSH) mission trip to Honduras last month. The Jenzabar Foundation announced that it will award a grant to aid ICO's student chapter of SVOSH in an effort to subsidize the cost and support the humanitarian work of ICO students.**

The students did not work in ideal conditions or have state-of-the-art technology available.

They set up in a school where they had to empty all of the rooms, sweep and clean, and then tape heavy cloth and black trash bags on the windows in the makeshift screening and exam rooms.

In terms of technology, they did have an autorefractor and non-contact tonometers. They also set up a dispensary station that included thousands of donated glasses they used to match as close as possible to patient refractions.

"The most common conditions encountered were advanced glaucoma, cataracts, diabetic and hypertensive retinopathy," said Crist. "The most surprising condition was retinitis pigmentosa, a two-day-old anophthalmic baby, a male farmer in his 50s with proptosis of the eye who, upon evaluation, had suspected lymphoma."

Prior to the mission, students gathered gently used or

new glasses, checked and labeled the prescription powers, and prepared the glasses for distribution to patients in Honduras.

"One of our key principles is to extend the role of the Illinois College of Optometry through community service," said Illinois College of Optometry President Arol Augsburg, O.D. "I am proud to see our student volunteers bring much needed eye care to people in need here in the

Chicagoland community, as well as around the world."

Typically, students become members of SVOSH during their first year of school and work toward a mission, which they can go on during their third professional year.

From fundraising, to personal appeals to family and friends, students do what they can to raise the necessary

*see SVOSH, page 14*



**ICO student Michelle Crist examines a woman in a school room set up as a makeshift exam room.**

### Editor's note

AOA News is highlighting the admirable charitable work and exceptional patient care that distinguishes members of the American Optometric Association.

Got a story to share?

Drop a line to [RAFoster@aoa.org](mailto:RAFoster@aoa.org).



**ICO student Angela To performs an exam on one of the more than 3,400 patients seen on a recent SVOSH mission trip in Honduras.**





**From left, Ray Pirozzolo, AOSA secretary; Denise Whittam, O.D., NYSOA president-elect; AOA President Pete Kehoe, O.D.; SUNY State College of Optometry fourth-year student Mansoor Syed; Diane Adamczyk, O.D., director of Residency Education; Leon Nehmad, O.D., associate clinical professor and SUNY's AOA Faculty Relations Committee representative, and fourth-year student Ashley Fazzary.**

## School visits offer chance for dialogue

Pete Kehoe, O.D., AOA president, visited SUNY State College of Optometry, Pennsylvania College of Optometry at Salus University and New England College of Optometry Feb. 11-13. The AOA sponsored faculty lunches, each attended by 25-30 faculty members and student events (each attended by between 125 and 150 students from various classes). The deans/presidents and administrators at all three schools and colleges welcomed the AOA, discussed their curricula and gave tours of their academic and clinical facilities.

The topic of greatest interest at all three schools was board certification. Dr. Kehoe emphasized to faculty the "mentor" role they play and encouraged them to encourage their students to be active in organized optometry.

With students, he emphasized the importance of getting involved, even if they weren't sure what sort of practice they'd be involved in and that involvement in the profession was the surest way to keep it secure.

**At the NECO Student Bowl: Outgoing NECO AOSA Trustee Phillip Purcell; incoming NECO AOSA Trustee Jessica Crooker; incoming NECO AOSA Trustee-elect Joanna Galasso, Dr. Kehoe; Eric Hebert, O.D., of Rockland, Maine, NECO alumnus and AOA Student and New Graduate Committee member.**



## SVOSH, from page 13



**Illinois College of Optometry SVOSH volunteers (from left) Laura Gengelbach, Amanda Keller and Michelle Crist administer to a patient during their February mission to Honduras.**

funds to participate in a mission trip.

The cost per student can range from \$1,000 to \$3,500 depending on the location. Students who complete 40 service hours for ICO-SVOSH prior to their trip will receive \$500 from The Jenzabar Foundation grant to offset their expenses.

The grant will impact mission trips for both the 2008-2009 and 2009-2010 academic years, making it possible for more students to volunteer and provide service to thousands of people in need.

"The Jenzabar Foundation recognizes and supports the good works and humanitarian efforts serving others across the global community," said Robert A. Maginn, chairman of the Jenzabar Foundation and chief executive officer and chairman of the Board of Jenzabar, Inc.

"Illinois College of Optometry students are certainly deserving of this grant to help them provide better vision to individuals less fortunate, and we are proud to assist ICO with these services," Maginn said.



**At left, students listen to Dr. Kehoe's address at PCO. Dr. Kehoe raffled off several of his favorite "financial savvy" books to the students before joining them for an AOA-sponsored dinner in the PCO cafeteria.**



# SYVM a reminder to Americans to focus on vision, nutrition

In honor of March's Save Your Vision Month observances, the AOA reminds Americans that caring for eyes includes paying attention to nutrition.

Approximately 43 million Americans suffer from age-related macular degeneration (AMD) or cataracts, the two leading causes of vision loss and blindness.

Based on research from multiple studies, there is a strong correlation between good nutrition and the prevention of these age-related eye diseases.

By eating foods rich in six nutrients, antioxidants lutein and zeaxanthin, essential fatty acids, vitamins C and E and the mineral zinc, you can help protect your eye sight and vision.

Research shows that 30 million (or one out of four) Americans age 40 and older suffer from some level of vision loss.

According to the AOA's



**Stuart Richer, O.D., Ph.D., and registered dietitian Elizabeth Somer take a break during a satellite media tour Feb. 26. The pair were interviewed by more than 20 television stations about the effect of nutrition on eye health. On Feb. 27, Somer appeared on NBC's "Today" show, discussing the role of fruits and vegetables in maintaining healthy skin and eyes.**

2008 American Eye-Q® survey, which assesses public knowledge and understanding of a wide range of issues related to eye and visual

health, only 29 percent of Americans are coping with vision loss or other eye problems by increasing nutrients for healthy eyes.

"Basic and clinical research has shown that nutrients in eye-healthy foods can slow vision loss," said Stuart Richer, O.D., Ph.D., the AOA's vision and nutrition expert.

"Indeed, in some cases, these foods can even improve vision, while providing additional health benefits to the patient," he said.

## Healthy fruits and vegetables

Together, the AOA and registered dietitian Elizabeth Somer recommend eating a diet with a variety of foods loaded with key nutrients for maintaining and improving eye health, such as lutein and zeaxanthin.

The American Eye-Q® survey showed that nearly half of all Americans (48 percent) still believe carrots are the best food for eye health.

While carrots do contain nutritional value by supplying the provitamin A beta-carotene that is essential for night vision, spinach

and other dark, leafy greens prove to be the healthiest foods for eyes because they naturally contain large amounts of lutein and zeaxanthin.

The AOA, along with nutritional ingredient manufacturers Kemin and DSM, recommend the following foods that contain the key nutrients for eye health:

- ❖ Lutein and zeaxanthin: Colorful fruits and vegetables such as broccoli, spinach, kale, corn, green beans, peas, oranges and tangerines
- ❖ Essential fatty acids: Flax or fleshy fish like tuna, salmon, or herring, whole grain foods, lean meats and eggs
- ❖ Vitamin C: Fruits and vegetables, including oranges, grapefruit, strawberries, papaya, green peppers and tomatoes
- ❖ Vitamin E: Vegetable oils, such as safflower or corn oil, almonds, pecans, sweet potatoes, and sunflower seeds
- ❖ Zinc: Red meat, poultry, liver, shellfish, milk, baked beans, and whole grains

"Nutrition is a component of health for the entire body, including the eyes," said Somer, a registered

dietician and nutrition research expert.

"I suggest incorporating nutritious ingredients into daily menus," said Somer. "There are some great, quick and simple recipes that promote healthy eye sight and vision."

## Did You Know?

- ❖ Eating spinach can reduce your risk of getting certain eye diseases like AMD because it contains a large amount of lutein, an important eye nutrient. In order to maintain healthy eyes, add 10 mg of lutein to your diet each day or eat one cup of cooked spinach four times a week.
- ❖ More than 50 percent of Americans do not take in the recommended dosage of vitamin C per day. Vitamin C has been linked, in approved amounts, to minimize or reduce the risk of cataracts and AMD.
- ❖ One cup (8 fl. oz.) of orange juice per day contains 81.6 mg/serving of vitamin C, more than enough to help offset some eye diseases.

For more information about nutrition and a selection of eye-healthy recipes, visit [www.aoa.org](http://www.aoa.org).

## Centers,

from page 6

capacity for on-site eye care in the next 12 months;

- ❖ 73 percent of health centers do not plan to purchase instruments or equipment to provide comprehensive eye care over the next year;
- ❖ Only 10 percent of health centers have on-site optical space with an eyeglass frame inventory for patients to select, order, pick up, and have adjustments to complete eyeglass orders.

The analysis also indicated that patients may lack general understanding about the need for routine eye exams.

Experts agree that strategies to improve access to vision care must include increased efforts to educate consumers about the importance of routine eye examinations.

Additionally, health care advocates advise that a more detailed evaluation of the type and quality of eye care should

be conducted to help health centers identify cost-effective practices, and to evaluate the cost of vision health.

Experts also advise that additional research should be conducted to assess the value of having an eye care professional on-site and the impact on reducing or eliminating vision disparities.

"For nearly 40 years New England Eye Institute faculty optometrists and our students at The New England College of Optometry have transformed the lives of hundreds of thousands of health center patients by improving their visual health," said Roger Wilson, O.D., vice president for Health Center Programs at the NEEI. "This remarkable accomplishment is due to our enduring collaboration with the Massachusetts League of Community Health Centers and greater Boston area health centers."



# Friday filled to the brim at Optometry's Meeting®

Friday is the end of the work week, but not the end of the education program at Optometry's Meeting®. The day will be filled with continuing education geared toward all optometrists, from those new in practice, to those who are longtime practitioners.

Attendees can start the day off with a free breakfast seminar.

Topcon is sponsoring **"Time Domain vs. Spectral Domain OCT: What Does It Mean?"** course #B201, from 6 a.m. to 7:30 a.m. The lecturer will describe the differences and similarities between the Time Domain OCT and Spectral Domain OCT. (Lecturer: J. Sherman, O.D.)

Kemin and DSM are sponsoring a free breakfast seminar, **"Discover New Visual Performance Advantages of Lutein and Zeaxanthin,"** course #B202, from 6 a.m. to 7:30 a.m. (Lecturer: B. Hammond, Ph.D.)

This course presents the findings of a number of studies that demonstrate the unique role of lutein and zeaxanthin in visual performance – specifically in reducing glare discomfort and disability, improving visibility by absorbing scattered blue light, and improving spatial vision by enhancing contrast.

Allergan is sponsoring the Friday Exclusive

Education Course **"Evidence-Based Medicine and What it Means to the Practicing Optometrist,"** course #2008, from 8 a.m. to 10 a.m. (Moderator: M. Dunbar, O.D.; Lecturers: S. Morris, O.D.; K. Nichols, O.D.; L. Semes, O.D.; J. Shovlin, O.D.)

Several of the most respected optometrists in clinical practice today will discuss the importance of evidence-based medicine and how to integrate it into your clinical practice.

Carl Zeiss Meditec is sponsoring **"Evaluating New Technology for Your Practice: Glaucoma and Retinal Applications,"** course #2210, from 10 a.m. to noon. (Lecturers: B. Gaddie, O.D.; L. Semes, O.D.)

This course will evaluate currently available imaging and new technology for glaucoma and retinal management.

Bausch & Lomb is sponsoring **"Cornea and Contact Lens Practice - The Future,"** course #2310, from 10 a.m. to noon. (Lecturers: B. Eiden, O.D.; P. Klein, O.D.; C. Sindt, O.D.; L. Zigler, O.D.)

This course discusses what every optometrist needs to know about contact lens and anterior segment practice. Experts in cornea and contact lenses will share their vision of the future of optometric practice.

TLC Laser Eye Centers

is sponsoring **"Advanced Corneal Mapping: WaveScans and Topography,"** course #2410, from 10 a.m. to noon. (Lecturer: A. Morgenstern, O.D.)

This course will review how to interpret topography and wave readings, choose proper settings, and outline the differences in these platforms.

Signet Armorlite is sponsoring **"Aspiring to Be a Million-Dollar Practice,"** course #2510, from 10 a.m. to noon. (Lecturers: H. Braverman, O.D.; P. Liane, O.D.; D. Nelson, O.D.)

This course will teach attendees how to deal with managed care, maximize staff efficiency and differentiate a practice from a retail practice and will also explain the metrics of measuring staff training and performance.

Heidelberg Engineering is sponsoring **"Perimetry Update: Where We Are in 2009,"** course #2710, from 10 a.m. to noon. (Lecturers: J. Fanelli, O.D.; M. Fingeret, O.D.)

This course looks at perimetry technology available today for the busy eye care provider.

Optovue, Sightpath Medical and ZeaVision are co-sponsoring **"New Technologies: Reducing the Risk and Progression of AMD,"** course #2810, from

10 a.m. to noon. (Lecturers: L. Alexander, O.D.; R. Davis, O.D.; J. Haynie, O.D.)

This course illustrates the diagnostic tools for enhancing protection, monitoring age-related macular degeneration (AMD) progression, and knowing available treatment options.

CIBA Vision is sponsoring the **"New in Practice—Panel of Experts Series: Numbers, Numbers, Numbers—Financial Management,"** course #0220, from 10 a.m. to noon. (Lecturers: K. Davis, O.D., and L. Sorrenson, O.D.)

This course will discuss accounting concepts such as cash flow, gross versus net profits, profit/loss statements, and balance sheets, as well as topics such as expense categories, tracking your office numbers compared to national optometric data, staff productivity, and contribution margin. The course fee is \$10.

The AOA Education Theater will feature **"Controversies in the Nutritional Management of Macular Degeneration,"** course #T231, sponsored by Alcon from 10:30 a.m. to 11:30 a.m. (Lecturer: M. Dunbar, O.D.; D. Shechtman, O.D.)

This course will enhance the practitioner's scientific knowledge base concerning nutritional management of AMD, as well as the understanding of which particular nutritional supplement may help the patient.

In the Complete Refractive Solution Theater, AMO and TLC Laser Eye Centers are sponsoring **"Keeping Your Patients and Practice Current in Refractive Surgery,"** course #T236, from 10:30 a.m. to 11:30 a.m. (Lecturer: J. Owen, O.D., MBA)

This session will offer the latest information on lasers, corneal topographers, and lens-based refractive surgery. The discussion will include an evidence-based review of current surgical options and discussion of future technologies.

Bausch & Lomb, CIBA

Vision and Vistakon® are co-sponsoring the Contact Lens and Cornea Section (CLCS) business meeting and lunch from noon to 1 p.m. Register for #0230.

Bausch & Lomb is also sponsoring the CLCS Luminary Award for Distinguished Practice.

Immediately following the luncheon, CIBA Vision is sponsoring the **"CLCS Korb Award Lecture of Excellence,"** course #2312, from 1 p.m. to 2 p.m. (Lecturer: D. Korb, O.D.)

The CLCS will honor this year's surprise award winner, and the lecture will update attendees on the most current information in anterior segment physiology and contact lenses.

The AOA Education Theater will feature **"Case Management in a Technology-Integrated Practice,"** sponsored by Eyefinity/OfficeMate. Course #T232 is from noon to 1 p.m., and course #T233 is from 1:30 p.m. to 2:30 p.m. (Lecturer: I. Lane, O.D.)

This interactive program will review and demonstrate the elevated standard of patient care when current technologies are integrated into an electronic health record.

The Complete Refractive Solution Theater will feature **"Advancements in Dry Eye: Pre- and Post-Surgical Management,"** course #T237, sponsored by AMO from noon to 1 p.m. (Lecturer: S. Morris, O.D.)

This course presents the latest findings on surgical dry eye research and treatments, focusing on cataract and refractive surgery solutions.

The Complete Refractive Solution Theater will feature **"Contacts in 2009: Cutting Through the Confusion,"** course #T238, sponsored by AMO from 1:30 p.m. to 2:30 p.m. (Lecturers: B. Gaddie, O.D.; S. Schatz, O.D., Ph.D.)

This course will provide evidence-based contact lens

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**The Korean War Memorial includes 19 stainless steel statues designed by Frank Gaylord. The figures represent a squad on patrol dressed in full combat gear. The memorial also includes a granite wall, created by Louis Nelson Associates, with photographic images sandblasted into it depicting soldiers, equipment and people involved in the war. Photo: Destination DC.**





**A U.S. National Parks Service ranger talks to visitors at the Vietnam Veterans Memorial honoring members of the U.S. armed forces who fought in the Vietnam War. The memorial consists of three separate parts: the Three Soldiers statue, the Vietnam Women's Memorial and the Vietnam Veterans Memorial Wall. The memorial receives around 3 million visitors each year. The Memorial Wall was designed by U.S. landscape architect Maya Lin. Photo: Destination DC.**

## Full Friday, from page 16

care updates and best practices.

Optos is sponsoring **"The Clinical Utilization of Panoramic Ophthalmoscopy,"** course #2215, from 2 p.m. to 4 p.m. (Lecturer: J. Sherman, O.D.)

This course highlights exemplary cases where the P200C is utilized at the NY Eye Institute and Laser Center.

CIBA Vision is sponsoring **"Controversies in Contact Lens-Related Anterior Segment Disease,"** course #2315, from 2 p.m. to 4 p.m. (Lecturers: P. Karpecki, O.D.; J. Shovlin, O.D.; L. Szczotka-Flynn, O.D.; L. Zigler, O.D.)

Experts in anterior segment eye disease and contact lenses will arm practitioners with the knowledge to prevent and better manage contact lens complications.

CooperVision is sponsoring **"Fitting Beyond the Ordinary—Using New Technology Case by Case,"** course #2615, from 2 p.m. to 4 p.m. (Lecturers: M. DePaolis, O.D.; J. Schachet, O.D.)

This course will consist of a series of case discussions that address specific problems

that are encountered in fitting contact lenses, along with the various ways of solving those problems.

Heidelberg Engineering is sponsoring **"OD's Role in Diabetes Management Goes Beyond Eye Exam,"** course #2715 from 2 p.m. to 4 p.m. (Lecturer: A. Cavallerano, O.D.)

This course presents the guiding principles for increased optometric participation in management of the patient with diabetes mellitus.

The AOA Education Theater will feature **"Four Hours of Dry Eye Info in 60 Minutes,"** course #T234, sponsored by Alcon from 3 p.m. to 4 p.m. (Lecturer: B. Townsend, O.D.)

This presentation discusses ocular surface disease — specifically, the physiology of dry eye, its diagnosis, and treatment.

The Complete Refractive Solution Theater will feature **"Redefining Customized Laser Vision Correction,"** course #T239, sponsored by AMO and TLC Laser Eye Centers from 3 p.m. to 4 p.m. (Lecturer: A. Morganstern, O.D.)

This course will cover current available technology, patient selection, flap creation, current role of surface care, and post-op care of laser

vision correction patients.

Next in the AOA Education Theater, VSP is sponsoring **"Contemporary Care of the Patient with Diabetes,"** course #T235, from 4:30 p.m. to 5:30 p.m. (Lecturers: J. Gerson, O.D.; D. Shechtman, O.D.)

This course will not only discuss the ocular implications of diabetes, but also the basics of diabetes in order to set a foundation for more in-depth discussion of retinal and other ocular pathology and their treatments.

In the Complete Refractive Solution Theater, AMO is sponsoring **"Laser Vision Correction Today: New Femtosecond Applications,"** course #T240, from 4:30 p.m. to 5:30 p.m. (Lecturer: P. Karpecki, O.D.)

This course will detail the latest data for the femtosecond technology, including the new uses on the horizon.

Following a day of continuing education, attendees can head to the Exhibit Hall for Happy Hour from 4:30 p.m. to 6:30 p.m. Eligible attendees will receive one complimentary drink ticket in their registration packets.

Registration and housing for Optometry's Meeting® is now open. For more information, visit [www.optometrysmeeting.org](http://www.optometrysmeeting.org).

## Monumental Continuing Education

Kirk Smick, O.D., chair of the Continuing Education Committee



Come June 24-28, it's all about education in Washington, D.C. Attendees will have the opportunity to learn from some of the most distinguished lecturers in the nation. New topics, new lecturers, and more free CE than ever before!

The OD program begins in the afternoon on Wednesday, June 24 and continues through Sunday, June 28. Optometrists can choose from more than 160 hours of education in a wide range of topics that will fulfill any doctor's educational needs.

This year, enjoy a choice of 28 hours of free education courtesy of some of the premiere companies in the profession. This is the largest number of free courses ever offered, keeping Optometry's Meeting® the best value in our profession.

ODs start Saturday morning at our newly created breakfast symposium sponsored by Bausch & Lomb. Join Drs. Melton and Thomas to find out the latest treatments of ocular surface infection and inflammation. Not only is this course complimentary, but all attendees will enjoy a full breakfast buffet.

Later in the day, participate in a series of courses focusing on inflammation of the eye. Courses will cover topics of inflammation such as systemic and ocular considerations, anterior segment ophthalmic responses, and posterior segment ophthalmic responses. Join Drs. Alexander, Dunbar, Kabat, Semes, and Shechtman for a series you will not want to miss.

ODs should not forget to invite their paraoptometric and office personnel to Optometry's Meeting®.

Paraoptometric and staff will bring back tools and tips that are sure to help your office operate more efficiently. There is a vast array of topics being offered. Attendees can learn in a hands-on setting by registering for any of the seven workshops. They can register for any of the outstanding courses being offered on topics that will assist in the success of an office, such as electronic health records or medical record keeping. The program starts Wednesday, June 24 and continues through Saturday, June 27.

In true AOSA fashion, the student program, from Thursday, June 25 through Saturday, June 27, is guaranteed to benefit the future of optometry. The education includes courses that will give students valuable information about owning and marketing a practice, networking, and preparing for the National Board exams.

Attendees can increase their knowledge and possibly even gain a new perspective at this year's Optometry's Meeting®. Courses will highlight and discuss some of the most relevant areas of optometry today. With more free courses than ever before, the education program will not disappoint.

Come join us at the 112th Annual Congress & 39th Annual Conference: Optometry's Meeting®. Visit [www.optometrysmeeting.org](http://www.optometrysmeeting.org) for complete information and to register today!



# CLCS announces 2009 award opportunities for students, residents

**T**he AOA Contact Lens and Cornea Section (CLCS) is excited to announce five research award opportunities. Students and contact lens/anterior segment disease residents may submit research papers on a variety of topics that are highly pertinent to the field of contact lenses.

- ❖ Advanced Medical Optics (AMO) is supporting a Resident Research Award for research papers discussing: "Care and Compliance in Contact Lens Success."

- ❖ Allergan is supporting a Student/Resident Research Award for research papers discussing: "Contemporary Management of Ocular Surface Disease."

- ❖ CIBA Vision is supporting a Student/Resident Research Award for research papers discussing: "Contemporary Management of Astigmatism."

- ❖ CooperVision is supporting a Student/Resident Research Award for research papers discussing: "Contact Lens Problem-Solving Beyond Oxygen: A Case

Report."

Vistakon® is supporting a Student/Resident Research Award for research papers discussing: "My Most Challenging Contact Lens Case."

The generous support from sponsors makes this program possible.

First-place awards will be presented at the CLCS Annual Business Meeting and Luncheon at the 2009 Optometry's Meeting® on Friday, June 26 near Washington, D.C.

Each research award will include:

- ❖ One first-place award of a \$2,000 check, round-trip airfare and a two-night stay at Optometry's Meeting®, a prestigious plaque, and acknowledgement.

- ❖ Two "runner-up" awards, with each recipient receiving a \$1,000 check, certificate and acknowledgement.

Award submission criteria includes:

- ❖ Must be a current CLCS member. (All AOSA members are CLCS members.)

- ❖ Must meet the submission

deadline of April 15.

- ❖ Must include complete contact information with submission.

- ❖ Must specify which topic the award submission research paper covers.

- ❖ First-place winners must be present at the AOA-CLCS Annual Business Meeting and Luncheon event.

- ❖ Must include a reference page.

The Awards Committee will review and score the research papers on relevancy, clinical findings/ analysis, conclusion and write-up.

The submission deadline is April 15, 2009. E-mail [MBRhomborg@aoa.org](mailto:MBRhomborg@aoa.org) and mail a copy to:

Mary Beth Rhomborg, O.D.  
AOA Contact Lens and Cornea Section  
243 North Lindbergh Boulevard, Floor 1  
St. Louis, MO 63141

Applicants will be notified of the committee's decision prior to April 30. For further information, contact Dr. Rhomborg at 800-365-2219, ext. 4148 or by e-mail at [MBRhomborg@aoa.org](mailto:MBRhomborg@aoa.org).

## Take advantage of free CLCS online CE

If you haven't taken advantage of the opportunity to get FREE CLCS Online CE – there's no time like the present.

Visit the AOA Web site and check out the free Online CE COPE-approved one-hour modules courses at <http://www.aoa.org/x6595.xml>.

The site, called AOA CE Online, is an advanced, hyper-learning portal featuring Web-video content packaged in an easy-to-use, high-impact and interactive format.

The site integrates CE testing and certification, tracking and reporting of CE hours, and user-survey feedback.

The program is supported by an educational grant courtesy of CooperVision.

For more information on the AOA CLCS Online CE program, contact Mary Beth Rhomborg, O.D., associate director of Sections, at 800-365-2219, ext. 4148, or by e-mail at [MBRhomborg@aoa.org](mailto:MBRhomborg@aoa.org).

## SVS calls for volunteers to conduct evaluations at Jr. Olympics

The AOA Sports Vision Section (SVS) will conduct free vision evaluations July 30-Aug. 1 for athletes competing in the 2009 Amateur Athletic Union (AAU) Junior Olympic Games in Des Moines, Iowa, thanks to a generous sponsorship grant from Vistakon®, Division of Johnson & Johnson Vision Care, Inc.

The program, co-chaired by Steven Hitzeman, O.D., and Stephen Beckerman, O.D., provides volunteers the opportunity to establish testing protocols, gather data, and aid in identifying the best types of sports vision evaluation equipment.

In addition, it is an excellent opportunity to receive hands-on training and experience in the latest sports vision evaluation techniques.

The AAU Junior Olympic Games is the largest national multi-sport event conducted annually for youth in the United States.

More than 3,800 Junior Olympic athletes have received free vision evaluations from the SVS in the last 15 years.

Those interested in volunteering can visit <http://www.aoa.org/x6230.xml> for more information or contact the AOA-SVS office at 800-365-2219, ext. 4136 or e-mail [SVS@aoa.org](mailto:SVS@aoa.org).

Prospective volunteers will be contacted prior to the evaluations and informed of any funding available to help defray expenses such as meals and accommodations.

## LVRS reaches out to schools

**T**he AOA Low Vision Rehabilitation Section (LVRS) Student Educational Awareness Program announced its schedule of school visits for the 2009 program year.

The program provides students the opportunity to meet experienced low vision rehabilitation practitioners and learn more about preparing for a future in low vision rehabilitation.

The Southern California College of Optometry welcomed the program on Jan. 21, 2009, the Illinois College of Optometry welcomed the program on Jan. 22, 2009, and the University of Houston College of Optometry welcomed the program Feb. 24.

The Ferris State

University Michigan College of Optometry is scheduled for early April, and the Southern College of Optometry is scheduled for mid-April.

Eight other optometry schools and colleges are in the process of scheduling programs throughout the year.

This program is generously supported by Optelec and ShopLowVision.com.

"I have found the program to be well received and believe it has shown optometry students the importance of providing low vision rehabilitation," said Jerry Davidoff, O.D., vice-chair of the LVRS Council.

The program includes a reception involving participants, students, and host faculty members, combined with

a presentation on low vision rehabilitation awareness, including motivational insights and practice management considerations.

The program concludes with an opportunity for students to ask questions and interact with speakers.

All participating students are given the opportunity to sign up for a free one-year membership in the LVRS. The program also provides information about the AOA and has connected with students at every optometric school in the United States, Puerto Rico, and Canada since its inception.

For more about the program, contact LVRS Associate Director Mary Beth Rhomborg, O.D., at [MBRhomborg@aoa.org](mailto:MBRhomborg@aoa.org).





# Take control of your future with AOA-Sponsored Insurance Programs.

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Luxottica Group  
Marchon Eyewear  
Optos  
Shamir  
TLC Vision Corporation  
Transitions Optical  
VSP Vision Care  
VisionWeb

## Industry Profile: Bausch & Lomb

Bausch & Lomb is the eye health company dedicated to perfecting vision and enhancing life®.

Our mission to communicate and collaborate with eye care professionals to better serve patients is driven by the distinguished members of the Bausch & Lomb Medical Affairs and Professional Relations teams. In the upcoming year, watch for new or enhanced services that will provide you with a foundation of great clinical science and industry information to build your organizations and practices.

We will be listening to you to learn what are the major opportunities and challenges you find day to day.

We want you to communicate with us regularly. In fact, Joe Barr, O.D., vice president of Global Clinical & Medical Affairs and Professional Services Vision Care, established an exclusive e-mail address for you to communicate directly with him at [joesview@bausch.com](mailto:joesview@bausch.com).

Our nation faces critical challenges in the upcoming years. To support you and your patients' needs during this time, Bausch & Lomb will rely on its history as company that began in 1853 in Rochester, N.Y., as a small optical shop that grew to become a multibillion-dollar corporation with more than 10,000 employees worldwide and with products available in more than 100 countries.

We will continue to invent new materials, engineer new technologies, and create pioneering ways to help people see better.

We market three broad categories of products:

- ❖ **Contact lenses and lens Care:** Our contact lens offerings span the spectrum of wearing modalities and include such well-known brand names as PureVision®, SoftLens®, and Boston®. Lens care products include the ReNu® brand of contact lens solutions and eye drops as well as the Sensitive Eyes® and the Boston® lines of products.
- ❖ **Pharmaceuticals:** Our products treat a wide range of eye conditions including glaucoma, eye allergies, conjunctivitis, dry eye and retinal diseases. We offer proprietary and generic medicines available by prescription, over-the-counter eye drops and supplements and other medications. Our line of proprietary prescription products includes the steroid eye drops Lotemax®, Alrex®, and Zylet®, and, Retisert® and Vitrasert® to treat retinal diseases. Leading over-the-counter products include the Ocuvite® and PreserVision® brands of ocular vitamins in addition to Soothe® and Alaway® eye drops.
- ❖ **Cataract and Vitreoretinal Surgical Devices:** We offer a full suite of products including intraocular lenses (IOLs) and delivery systems featuring the Crystalens®, SofPort® and Akreos™ brands of IOLs, the Stellaris® and Bausch & Lomb Millennium® lines of phacoemulsification equipment and other surgical instruments and devices, including the Storz® line of ophthalmic instruments.

**Industry Profile is a regular feature in AOA News allowing participants of the Ophthalmic Council<sup>SM</sup> to express themselves on issues and products they consider important to the members of the AOA.**

## Smith Optics enters Rx sunglass market

Smith Optics, which specializes in interchangeable sunglass technology, recently announced its entry into the ophthalmic market with Smith Rx.

With more than 40 years of experience innovating eyewear for the outdoor enthusiast, Smith will now fuse sport technology with the demands of the optical customer.

Smith's optical collection is an American-Italian collaboration constructed using premium materials such as titanium, stainless steel, and hand-made acetate.

This collection reflects Smith's performance background in action sports and melds it seamlessly with style and craftsmanship.

Smith also presents a first to the optical world with Interlock Interchangeable Technology, a revolutionary design breakthrough that brings the performance of interchangeable lens eyewear to closed frame styling.

Interlock frames feature a hidden-from-view mechanism that gently pries open the frame with a simple twist of the temples, allowing for easy quick and secure lens exchanges.

Smith's Interlock technology is built on the platform of a patent-pending lens retention system.

When activated, the Interlock device gently pries the frame open 2.5mm, allowing easy and quick lens exchanges, giving a single

pair of eyewear the flexibility to adapt to a range of uses, conditions, and even fashion statements never before imaginable.

All the wearer needs to do is twist the temple, remove the lens, replace with the desired lens and twist the temple again to lock the lens securely in place.

Smith will be rolling out two new Interlock models with the introduction of Smith Rx: the Interlock Mission and the Interlock Crossroad.

These two new pieces join the sport-oriented, prescription-compatible Interlock Spoiler, Prophet, Trace, and Whisper to complete Smith's prescription interchangeable line.

The Crossroad and Mission will enter the market with a prescription-friendly 6 base lens curve and Smith's bomb-proof, injected molded, Grilamid TR90 frame construction.

The Interlock Trace, Spoiler, Prophet, and Whisper use an 8-base lens curve and identical frame construction, offering a slightly more sport-oriented look.

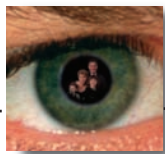
With a multitude of lens options including Smith's proprietary Polarchromic™, Ignitor, and polarized lens tints in addition to all other market lens choices available, a single pair of frames now empowers the patient with limitless options.

For more, visit [www.SmithInterlock.com](http://www.SmithInterlock.com).



**Interlock frames feature a hidden-from-view mechanism that gently pries open the frame with a simple twist of the temples, allowing for easy, quick and secure lens exchanges.**





# Transitions stages Championship for Healthy Sight

A series of local charity and educational events will set the stage for the Transitions Championship for Healthy Sight in the Tampa Bay area from March 15-22.

Sponsored by Transitions Optical, Inc. and its partners, the events are designed to increase community involvement and enthusiasm during the PGA Tour event and raise awareness about the importance of healthy sight as it relates to overall health and wellness.

"All of our efforts, including these events, are intended to make sure that all eyes focused on the tournament are focused on healthy sight," said Paul Castner, business manager, Transitions Championship. "These activities provide another opportunity for us to bring national attention to the importance of healthy sight

through the tournament and to instill pride in optical industry professionals across the country because of the tournament's prominence."

Castner added that attention on the tournament will also be particularly high this year because it shares its location with the 2009 Super Bowl, which showcased the Tampa Bay area, and because rising young golfer Ryo Ishikawa committed to play in the Transitions Championship for Healthy Sight. This is only Ishikawa's second appearance on the PGA Tour in the United States.

Each day of the tournament will have a different health-related theme, supported by on-site activities to help educate on various aspects of health or wellness. The activities will be extended online at [www.transitionschampionship.com](http://www.transitionschampionship.com) to allow eye care

professionals and viewers at home to benefit from the education offered through the tournament.

The week will kick off with the "Live Your Vision" 5K Walk family event to benefit Prevent Blindness Florida, a chapter of Prevent Blindness America.

Throughout the tournament, other sponsored activities will include spa services featuring Innisbrook's new luxury spa, youth golf clinics and vision screenings, skin and sight sun protection seminars with product demonstrations, and screenings and demonstrations from overall health and wellness experts.

Finally, the last day of the tournament will be celebrated with the "Live Your Vision" event, during which attendees can enjoy guest speakers and relax in the Transitions Vision lounge.

Industry partners, including the AOA, VSP and The Vision Council, will also be on-site to support the events.

"With our partners, we are proud to present these activities as a way for members of the community and visiting tourists not just to watch, but to be a part of the tournament," said Castner. "We believe that by enhancing the spectators' overall experience and educating about important health issues, we are helping the tournament live up to its name."

A full schedule of the week's events is available on the tournament's Web site at [www.transitionschampionship.com](http://www.transitionschampionship.com).

## Newly designed Web site

Transitions also announced new interactive features and a streamlined design of its revamped Transitions Healthy Sight for Life Fund Web site.

Still located at [www.HealthySightforLife.org](http://www.HealthySightforLife.org), the site—created by Transitions Optical, Inc.—will continue to educate consumers on the importance of protecting and preserving their eyesight and provide resources for industry professionals to discuss this topic with patients.

Updated content includes a "Vision Loss Experience" section that allows users to see what it is like to lose healthy sight due to an eye disease, vision disorder or environmental factor.

"In the process of exploring the 'Vision Loss Experience,' visitors to the site develop a deeper appreciation for the quality of their own vision," said Mary O'Hara, professional communications specialist, Transitions Optical. "It can also help the loved ones of those with vision loss to empathize with what life is like without this precious sense."

A focus on overall wellness further reinforces the value of getting regular eye

exams and wearing ultraviolet (UV) protection.

Interactive design and features encourage visitors to explore the steps they can take today to optimize their vision and protect it for the future.

A "testimonials" section lists charities supported through fund grants and includes links to the organizations' Web sites and details about the partnerships. It also features stories submitted directly by consumers, sharing their own struggles with vision problems and appreciation for the value of healthy sight. In addition, visitors can now share knowledge with others by forwarding a link to the site.

"We want this site to not only be a means to support charitable organizations that provide education and eye health solutions, but also a learning hub for professionals and patients," said O'Hara.

"We hope that the redesign will help make information more accessible and relevant for all audiences—and continue to raise consciousness," she said.

New for professionals are a link to the recently launched Healthy Sight Institute Web site and a section on the Transitions Students of Vision Scholarship program, which features entries from previous winners.

The fund site also includes ways to become more involved, tips to enhance and protect healthy sight and a section for industry professionals to access eye health resources available from Transitions.

Eye care professionals with a Web presence can link to the site as an added resource for their patients.

For information about the Transitions Healthy Sight for Life Fund and eligibility to receive financial support through the fund, or to request complimentary copies of additional educational resources, visit the Web site or contact [healthysightfund@transitions.com](mailto:healthysightfund@transitions.com).

## Vistakon launches new CL service

Vistakon®, a Division of Johnson & Johnson Vision Care, Inc., announced the launch of Acuvue® Direct™, a new service designed to enhance patient convenience, improve patient compliance and drive health education.

Market research conducted by Vistakon has shown that for many patients the one-time cost of an annual supply of contact lenses is simply more than they can afford, especially during these challenging economic times.

Acuvue Direct lets them spread the financial commitment out over four equal payments during the year while still being able to take advantage of cost-saving rebates.

After signing up for the program at their provider's office, patients automatically receive a three-month supply of their prescribed Acuvue Brand Contact Lenses at quarterly intervals, along with a fresh contact lens case (case included only in two-week lens wearers orders) to encour-

age good lens care habits and a reminder about their wearing schedule.

During the final shipment, the patient is prompted to return to their provider's office for an annual exam.

With each shipment, the patient's credit card is charged for one-fourth the cost of the annual supply, with the payment remitted to the doctor's office.

Credit card validation is automatically handled by an independent third-party vendor on behalf of the doctor, so the doctor doesn't have to worry about verifying payment information each quarter. All patient financial information is sent through a security portal not visible to Vistakon.

Acuvue Direct also allows providers to keep close tabs on orders. Each month, participating doctors receive a report and invoice for the lenses that were shipped out that month, notice of canceled or postponed orders and a list of patients nearing their prescription expiration. Although

patients can postpone a shipment, they can't order any lenses beyond the expiration of their prescription.

Vistakon began training doctors and their staffs on the Acuvue Direct service last year, and the response has been positive.

"One of my goals is to increase the percentage of patients who order an annual supply of lenses," said Warsaw, Ind., practitioner Joseph Thallemer, O.D., explaining that only about 20 percent of his patients currently make that choice. "But even for those loyal patients who already purchase a 12-month supply from us, Acuvue Direct makes the experience much more convenient for them."

Ann Hoscheit, O.D., of Summit Eye Associates in Gastonia, N.C., said "In the current economic climate, it may be more important than ever for us to help patients afford the best care for their eyes."

Visit [www.jnjvisioncare.com/goacuvuedirect](http://www.jnjvisioncare.com/goacuvuedirect).





**Optometry's**  
MEETING®  
June 24-28, 2009

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- Exhibit Hall Happy Hour on Friday
- The Varilux® Optometry Student Bowl™ XVIII and reception, where optometry schools compete for academic supremacy - *Sponsored by Essilor*
- Presidential Celebration on Saturday night, featuring Jeff Foxworthy - *Sponsored by HOYA*

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## MEETINGS

### March

ASPEN-SNOWMASS VISION RETREAT March 21-23, 2009  
Timberline Lodge and Condominiums, Snowmass Village, Colorado, Dr. Steve Cantrell  
314/351-3499  
eyeski@integrity.com  
www.eyeski.com

THE WILMER EYE INSTITUTE AND THE MARYLAND OPTOMETRIC ASSOCIATION  
Evidence-Based Care in Keratoconus, Ophthalmic Nutraceuticals, and Low Vision March 22, 2009  
The Johns Hopkins Medical Campus, Tilghman Auditorium, Baltimore, Rebecca Scarborough  
410/583-2843  
emyrowitz@jhmi.edu  
www.marylandeyes.org/  
2009wilmer.htm

INTERNATIONAL VISION EXPO EAST, March 26-29, New York  
www.visionexpeast.com

NEBRASKA OPTOMETRIC ASSOCIATION SPRING CONFERENCE  
March 27-29, 2009  
Embassy Suites, Lincoln, Nebraska  
402/474-7716  
noa@assocoffice.net  
www.noaonline.org

### April

OPTOWEST 2009  
April 2-5, 2009  
Hyatt Grand Champions Resort, Villas and Spas, Indian Wells, Calif.  
Corrie Pelc  
800/877-5738 ext. 237  
FAX: 916/9/448-1423  
cpelc@coavision.org  
coavision.org

PINELLAS OPTOMETRIC ASSOCIATION, LOCAL AFFILIATE OF FLORIDA OPTOMETRIC ASSOCIATION SUNCOAST SEMINAR April 4-5, 2009  
Hilton Clearwater Beach Resort, Clearwater, FL  
Philip G. Currey, O.D.  
727/442-5504  
ldoc1@aol.com

KANSAS OPTOMETRIC ASSOCIATION ANNUAL CONVENTION  
April 16-18, 2009  
Sheraton Hotel, Overland Park  
785/232-0225  
info@kansasoaptometric.org  
www.kansasoaptometric.org

OPTOMETRIC EXTENSION PROGRAM FOUNDATION  
2009 California Regional Vision Therapists' Forum  
April 17-18, 2009  
Crowne Plaza-Mission Valley, San Diego, California  
Lyn Dyson, COVT 858/748-6210  
FAX: 858/748-6224  
visionhlp@juno.com

SOUTHERN COLLEGE OF OPTOMETRY  
2009 SPRING CONTINUING EDUCATION  
April 17-19, 2009  
Southern College of Optometry  
Campus Memphis, TN  
800/238-0180, ext. 4  
ce@sco.edu www.sco.edu

WEST FLORIDA OPTOMETRIC ASSOCIATION SPRING SEMINAR  
April 17-19, 2009  
SanDestin Hilton Beach Resort, Tom Streeter 850/279-4361  
www.wfoameeting.com

INDIANA OPTOMETRIC ASSOCIATION 112TH ANNUAL CONVENTION April 17-19, 2009  
French Lick and West Baden Springs Hotels, French Lick, Indiana  
317/237-3560 www.ioa.org

OPTOMETRIC EXTENSION PROGRAM ROBERT WOLD SOUTHERN CALIFORNIA BEHAVIORAL VISION SEMINAR  
April 19-20, 2009  
Handlery Hotel, San Diego, CA  
Theresa Krejci  
800 447 0370

BINOCULAR VISION & PEDIATRICS FORUM AND THE CHILDREN'S LEARNING FORUM  
April 23-24, 2009  
Holiday Inn on the Lane, Columbus, Ohio  
614/688-3336  
Kulp.6@osu.edu  
www.optometry.osu.edu

ARKANSAS OPTOMETRIC ASSOCIATION 2009 SPRING CONVENTION  
April 23-25, 2009  
The Peabody Hotel, Little Rock, AR  
Vicki Farmer 501/661-7675  
FAX: 501/373-0233  
aropt@swbell.net  
www.arkansasoptometric.org

MOUNTAIN WEST COUNCIL OF OPTOMETRISTS ANNUAL MEETING April 23-25, 2009  
Las Vegas, Nevada  
Tracy Abel 888/376-6926 or 503/436-0798  
FAX: 503/436-0612  
tracyabel@earthlink.net  
www.mwco.org

KENTUCKY OPTOMETRIC ASSOCIATION  
107TH ANNUAL SPRING CONGRESS April 23-26, 2009  
Hyatt Regency Hotel, Louisville, Kentucky Sarah A. Jones  
502/875-3516  
FAX: 502/875-3782  
sarah@kyeyes.org  
www.kyeyes.org

OPTOMETRIC EXTENSION PROGRAM  
VT/STRABISMUS & AMBLYOPIA  
April 23-26, 2009  
Ft. Lauderdale, Florida  
Theresa Krejci  
800 447 0370

UNIVERSITY OF CALIFORNIA, BERKELEY, SCHOOL OF OPTOMETRY 24TH ANNUAL MORGAN/SARVER SYMPOSIUM  
April 24-26, 2009  
DoubleTree Hotel, Berkeley Marina, Berkeley, Calif. Nyla Marnay  
510/642-6547  
FAX: 510/642-0279  
optoce@berkeley.edu  
http://optometry.berkeley.edu

NEW JERSEY CHAPTER OF THE ACADEMY April 29-May 3, 2009  
Kingston Plantation, Myrtle Beach, South Carolina Dennis Lyons, O.D.  
732/920-0110  
Dhl2020@aol.com

COLLEGE OF SYNTONIC OPTOMETRY 77TH INTERNATIONAL CONFERENCE ON LIGHT AND VISION  
April 28-May 2, 2009  
Niagara Falls, Ontario, Canada  
Ron Wahlmeier  
866/486-0190  
FAX: 719/486-0190  
syntonics@bresnan.net

### May

FLORIDA CHAPTER OF THE AMERICAN ACADEMY OF OPTOMETRY  
EDUCATIONAL MEETING 2009  
May 1-2, 2009  
Mission Inn, Howey-in-the-Hills, Florida Dr. Arthur T. Young  
239/245-7494  
FAX: 239/574-1374  
Eyeguy4123@msn.com

PENNSYLVANIA OPTOMETRIC ASSOCIATION  
POA SPRING CONFERENCE  
May 1-3, 2009  
Skytop lodge, Skytop, Pennsylvania  
Ilene Sauertieg  
ilene@poaeyes.org  
www.poaeyes.org

ARIZONA OPTOMETRIC ASSOCIATION  
2009 SPRING CONGRESS  
May 8-10, 2009  
Renaissance Glendale Hotel & Spa  
Glendale, AZ  
Kate Diedrickson  
Kate@azoa.org  
www.azoa.org

NEW MEXICO OPTOMETRIC ASSOCIATION  
2009 ANNUAL CONVENTION  
May 14-17, 2009  
Embassy Suites Hotel  
Albuquerque, NM  
Richard Montoya 505/751-7242  
fleece@laplaza.org

OPTOMETRIC EXTENSION PROGRAM 2009 EASTERN STATES CONFERENCE May 16-17, 2009  
Crowne Plaza, White Plains, New York Stuart Rothman, O.D.  
SMROD@aol.com

OPTOMETRIC EXTENSION PROGRAM  
ACQUIRED BRAIN INJURY/TRAUMATIC BRAIN INJURY (ABI/TBI) (OEP Clinical Curriculum)  
May 16-18, 2009  
Baltimore, Maryland  
Theresa Krejci  
800/447-0370

BRITISH CONTACT LENS ASSOCIATION  
2009 CLINICAL CONFERENCE AND EXHIBITION  
May 28-31, 2009  
Manchester, United Kingdom  
+44 (0)20 7580 6661  
FAX: +44 (0)20 7580 6669  
conf@bcla.org.uk  
www.bcla.org.uk

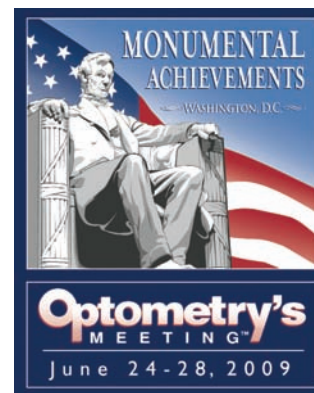
### June

OPTOMETRIC EXTENSION PROGRAM  
VT/LEARNING RELATED VISUAL PROBLEMS (VT 2) (OEP CLINICAL CURRICULUM)  
June 4-8, 2009  
Baltimore, Maryland  
Theresa Krejci  
800/447-0370

MISSISSIPPI OPTOMETRIC ASSOCIATION  
2009 SUMMER CONVENTION  
June 5-6, 2009  
Pearl River Resort, Philadelphia, Mississippi  
Linda Ross Aldy  
601/853-4407  
FAX: 601/853-4408  
msoptometr@aol.com  
www.mseyes.com

OPTOMETRIC EXTENSION PROGRAM  
JOINT CONFERENCE ON CLINICAL AND THEORETICAL OPTOMETRY (JCTCO)  
June 4-8, 2009  
Pacific University, Forest Grove, Oregon  
Sally Corngold

OPTOMETRIC EXTENSION PROGRAM  
VT/LEARNING RELATED VISUAL PROBLEMS (VT 2) (OEP CLINICAL CURRICULUM)  
June 4-8, 2009  
Baltimore, Maryland  
Theresa Krejci  
800/447-0370



VIRGINIA OPTOMETRIC ASSOCIATION  
107TH ANNUAL CONVENTION, MIDDLE ATLANTIC CONTINUING EDUCATION Conference and Paraoptometric Education Conference  
June 5-7, 2009  
804/643-0309  
www.voaeeydocs.com

ALASKA OPTOMETRIC ASSOCIATION  
ALASKA ANNUAL CONFERENCE  
June 11-14, 2009  
Best Western Kodiak Inn, Kodiak, Alaska  
Tracy Oman  
907/770-3777  
FAX: 907/272-7532  
akoa@alaska.com  
www.akoaa.org

WEST VIRGINIA OPTOMETRIC ASSOCIATION  
MID-YEAR MEETING  
June 11-14, 2009  
The Homestead Resort  
Contact: WVVOA  
304/720-8262  
www.wvoa.com

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June 29 - July 8, 2009  
Eastern Caribbean/Bermuda  
Aboard the Caribbean Princess  
AEA CRUISES OPTOMETRIC CRUISE SEMINAR  
June 29 - July 6, 2009  
Gulf of Alaska  
Ohio State University Alumni Cruise (Open to all)  
Aboard the Coral Princess  
888/638-6009  
aeacruiess@aol.com  
www.optometriccruiseseminars.com

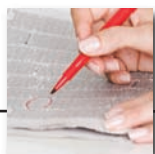
### July

AEA CRUISES OPTOMETRIC CRUISE SEMINAR  
July 4-11, 2009  
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aeacruiess@aol.com  
www.optometriccruiseseminars.com

TROPICAL CE  
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Atlantis Paradise Island  
Stuart Autry 281/808-5763  
John Ogden 281/900-8493  
www.TropicalCE.com

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## SHOWCASE

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Dr. Ken Eakland  
Dr. John McGreal  
Dr. Eric Schmidt

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Fax: 307/638-8472

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[www.HarbourtownODgolfCE.com](http://www.HarbourtownODgolfCE.com)

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Web site  
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## SHOWCASE

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2009

## MWCO

Mountain West Council of Optometrists

Annual Congress  
April 23-25



This year's  
speakers include:

Larry Alexander, OD Mark Bloomenstein, OD  
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The Section of Ophthalmology, Dartmouth-Hitchcock Medical Center is seeking a comprehensive Optometrist to join a dynamic and dedicated team of ophthalmologists and optometrists in a state-of-the-art, multi-disciplinary setting in a teaching medical center in Lebanon, New Hampshire. The successful applicant will provide comprehensive optometric care, including contact lenses. This position also includes a faculty appointment at Dartmouth Medical School. Qualified candidates should have a doctorate in optometry (O.D.) and residency training or 3-5 years of experience in comprehensive optometry. Eligibility for licensure in the state of New Hampshire is required. We offer a competitive salary, a generous continuing education allowance, ample vacation time, health care benefits, malpractice insurance and a savings plan.

Interested applicants should submit a letter of intent and current CV electronically to:

Peter G. Lapre, O.D.

Chair, Optometric Search

Section of Ophthalmology

Dartmouth-Hitchcock Medical Center

One Medical Center Drive, Lebanon, NH 03756

E-mail: [Peter.G.Lapre@hitchcock.org](mailto:Peter.G.Lapre@hitchcock.org)



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American Optometric Association

# NEWS

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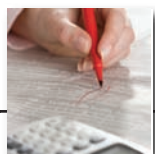
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**Danville VA,** Large practice needs associate/partner. Email resume with cover letter to [drmbbauman@comcast.net](mailto:drmbbauman@comcast.net)

**GEORGIA** (3) Practice for Sale-Grosses \$1,500,000. Financing Available. 888-277-6633 or [info@promed-financial.com](mailto:info@promed-financial.com).

**Littleton, Colorado**  
\$300K annual gross sales with part-time doctor, this long standing and well-established practice with significant medical cases, is located in a pleasant residential area. It is visible and located on a busy street. There is significant potential for growth. If interested, contact Dan Zebarth at (303) 468-0432.

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**RYE BROOK, NY --** Large, well-established practice for sale by husband and wife optometrists planning retirement. 3600 square foot office with two full-time opticians and four assistants. Call 914 939-0830.

**Virginia, Roanoke Metro Area**  
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### VOSH-INTERNATIONAL NEEDS YOUR OUTDATED EQUIPMENT!!

How would you like to donate your outdated equipment to a worthy cause and receive a tax deduction at the same time? VOSH-INTERNATIONAL with the support of WCO and UNESCO has embarked on a program of equipment-technology transfer to fledgling Optometry programs in South America and Africa. This is being done with a new partner IMEC (International Medical Equipment Collaborative); a non-profit 501c3 that gathers, services, cleans and packages entire eye clinics, hospitals and other medical facilities and ships them to an organization that gives them a second life.

Please look through your garage, closets, basement for all your unused books, equipment, instruments, stock frames and lenses and any items that might be of use to a Optometry school, a student or eye clinic. Instructions on how to proceed are available by going to the VOSH website ([www.vosh.org](http://www.vosh.org)) and click on Technology Transfer Program. Information about IMEC is available at [www.imecamerica.com](http://www.imecamerica.com).

The most desirable items that programs in developing countries need are: Trial lens kits, battery powered hand scopes, assorted pliers and optical tools, hand stones for edging glass lenses, uncut lenses (both SV and BF), manual lensometers, phoropters, lens clocks, color vision tests, keratometers and biomicroscopes.

This list is certainly not complete but gives an idea of some of the basic needs these developing programs can benefit from. All items may be shipped directly to:

VOSH INTERNATIONAL  
C/O IMEC  
1600 Osgood Street  
North Andover, Mass. 01845

Assistance with shipping cost may be available through your local Rotary or Lions Clubs. Contact [www.vosh.org](http://www.vosh.org) with any questions or email [jaforrey@comcast.net](mailto:jaforrey@comcast.net) and [voshinternational@comcast.net](mailto:voshinternational@comcast.net).

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Effective the October 9, 2006 issue onwards, Classified advertising rates are as follows: 1 column inch = \$60 (40 words maximum) 2 column inches = \$110 (80 words maximum) 3 column inches = \$150 (120 words maximum). This includes the placement of your advertisement in the classified section of the AOA Member Web site for two weeks. An AOA box number charge is \$30.00 and includes mailing of responses. The envelope will be forwarded, unopened, to the party who placed the advertisement. Classifieds are not commissionable. All advertising copy must be received by e-mail at [k.spurlock@elsevier.com](mailto:k.spurlock@elsevier.com) attention Keida Spurlock, Classified Advertising. You can also mail the ads to Elsevier, 360 Park Avenue South, 9th floor, New York, NY 10010.

Advertisements may not be placed by telephone. Advertisements must be submitted at least 30 days preceding the publication. All ad placements must be confirmed by the AOA – do not assume your ad is running unless it has been confirmed. Cancellations and/or changes MUST be made prior to the closing date and must be made in writing and confirmed by the AOA. No phone cancellations will be accepted. Advertisements of a “personal” nature are not accepted. The AOA NEWS publishes 18 times per year (one issue only in January, June, July, August, November, and December, all other months, two issues.) and posting on the Web site will coincide with the AOA NEWS publication dates. Call Keida Spurlock – Elsevier ad sales contact – at 212.633.3986 for advertising rates for all classifieds and showcase ads.



# The American Optometric Association Order Department

Office Hours: Monday - Friday, 8AM-4PM (Central Standard Time)



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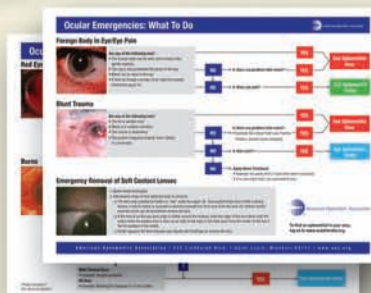
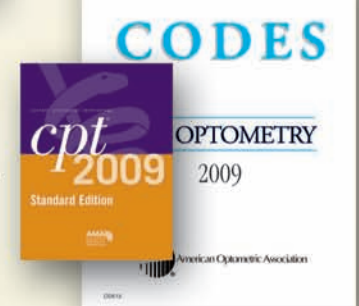
We offer a large selection of pamphlets to aid patients in understanding their eye care needs.

## Answer to Your Questions Series

These easy to read pamphlets help answer patients eye care questions.

## Code Books

A list of codes to aid in submitting Medicare and third party insurance claims.



## Public Awareness Ocular Emergency Card

A flow chart of responses for typical emergencies that can occur in school or sports settings.

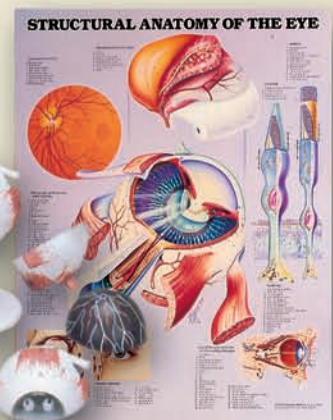
## Charts and Models

Great for office displays and one-to-one patient education.



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**AIR OPTIX™ NIGHT & DAY® AQUA**—  
the newest member of the AIR OPTIX™ family.

We know patients don't always follow the rules. Fortunately, new AIR OPTIX NIGHT & DAY AQUA provides assurance that you are prescribing the highest level of oxygen of any available soft contact lens with improved insertion comfort<sup>1</sup>, even for patients who sleep in their lenses.

- 175 Dk/t—the highest oxygen transmissibility of any soft contact lens
- Superior wettability<sup>2</sup> and improved insertion comfort<sup>1</sup> with the new AQUA Moisture System
- Improved handling and ease of insertion<sup>1</sup> with new visibility tint and inversion indicator

**AIR OPTIX NIGHT & DAY AQUA**, the lens that offers more.

The **AQUA Moisture System**  
for comfort on contact, all day,  
every day, even overnight.



To order your free trial lenses go to [mycibavision.com](http://mycibavision.com) or call **1-800-241-5999** or your authorized CAN/DO distributor.

\*AIR OPTIX NIGHT & DAY AQUA: Dk/t = 175 @ -3.00D. Other factors may impact eye health.

Brief statement of intended use: AIR OPTIX NIGHT & DAY AQUA lenses (lotrafilcon A) are indicated for daily wear or extended wear for up to 30 continuous nights. Warning: The risk of serious ocular complications is greater for extended wear as compared to daily wear of contact lenses and smoking increases the risks. Precautions: Not all patients can achieve the maximum wear time of up to 30 nights of continuous wear. Patients should be monitored closely during the first month of 30-night continuous wear. The maximum suggested wearing time should be determined by the eye care practitioner based upon the patient's physiological eye condition because individual responses to contact lenses vary. Side effects: Infiltrative keratitis was reported at a rate of approximately 5% during the one-year US study of 1300 eyes. Other side effects included conjunctivitis, GPC, and lens discomfort, including dryness, mild burning, or stinging. Contraindications: The lens should not be used when an inflammation or infection of the eye is present, or when there is any disease or injury in or around the eye or eyelids. The lenses should not be used by individuals who have medical conditions that might interfere with contact lens wear. Consult the package insert for complete information about AIR OPTIX NIGHT & DAY AQUA lenses, available without charge from CIBA VISION Corporation at 1-800-241-5999 or [cibavision.com](http://cibavision.com).

References: 1. CIBA VISION data on file, 2008. Compared to original NIGHT & DAY® 2. CIBA VISION data on file, 2008. In vitro measurements compared to ACUVUE® OASYS®, ACUVUE® ADVANCE™, Biofinity® and PureVision®

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